

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

CALIFORNIA
Part 1
ALAMEDA to GLENDALE



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

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ALAMEDA TO GLENDALE

Otis R. Bowen, M.D.

Secretary

U.S. Department of Health & Human Services

William L. Roper, M.D.

Administrator

Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in black ink, reading "William L. Roper".

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

DEPARTMENT OF HEALTH SERVICES

LICENSING AND CERTIFICATION
Program Description

Licensing and Certification (L&C) regulates licensed public and private health facilities, clinics, agencies, and centers throughout the State. These facilities include in excess of 5,000 General Acute Care and Psychiatric Hospitals, Specialty Clinics, Intermediate Care Facilities, 3 types of Intermediate Care Facilities for the Developmentally Disabled, Skilled Nursing Facilities, Home Health Agencies, Referral Agencies, Adult Day Health Centers, Primary Care Clinics, Chemical Dependency Recovery Hospitals, Ambulatory Surgical Centers, Comprehensive Outpatient Rehabilitation Facilities, Psychiatric Health Facilities and Psychology Clinics. The program also certifies individuals as Nurse Assistants, Home Health Aides and Hemodialysis Technicians. To accomplish these activities, the program develops, implements and enforces health care standards and certifies facilities that participate in the Title XVIII (Medicare) and/or Title XIX (Medi-Cal) programs. L&C maintains an inventory of health care providers; evaluates and reports on services and condition of facilities; cites deficiencies and issues penalties; approves plans for correction; issues, denies, or revokes licenses; and controls performance of other public agencies, and agents under contract for these activities. Certain services are delegated to the State Fire Marshal, Laboratory Field Services, and the Los Angeles County's Department of Health Services under contractual agreements.

The program's Field Operations Branch, through 3 Regional Offices and 11 District Offices (as well as Los Angeles county under a contract) carries out the health facilities, clinics, agencies and centers licensing responsibilities of the Department by issuing licenses, maintaining the mandated standards of care through periodic inspections, and complaint investigations.

The Branch also conducts surveys of providers and suppliers participating under the Federal Social Security Act, and recommend to the Bureau of Health Standards and Quality (HSQ), certification or non-certification of providers and suppliers participating under Title XVIII of the Act, and, through the Division's Provider Certification Section, certifies, or refuses certification of providers participating under Title XIX of the Act.

Recent legislation has established several enforcement systems including a citation/violation system for long-term care facilities major sanctions are classified below:

a. Class "AA" Citations

Violations which have resulted in the direct proximate cause of a patient's death in a long-term care facility. Penalties range from \$5,000-\$25,000.

b. Class "A" Citations

Violations which are determined to present imminent or the substantial probability of danger, death, or serious harm to a long-term care patient.

Penalties range from \$1,000 to \$10,000.

c. Class "B" Citations

Violations which are determined to have a direct or immediate relationship to the health, safety, or security of long-term care patients or a violation of patient's rights.

Penalties range from \$100 to \$1,000 but may not be collectable if the violation is corrected within a specific period of time.

d. Willful Material Falsification (WMF)

This violation means an entry in the patient's health care record pertaining to the administration of medication, or treatments ordered for the patient or pertaining to services for the prevention/treatment of decubitus ulcers/contractures, or pertaining to tests and measurements of vital signs, or notations of input/output of fluids which were made with the knowledge that the records falsely reflect the condition of the patient or care/services provided.

Civil penalties may be assessed up to \$10,000.

e. Willful Material Omission (WMO)

This violation means the willful failure to record any untoward event which has affected the health, safety or security of the patient and which was omitted with the knowledge that the records falsely reflect the condition of the resident or care/services provided.

Civil penalties may be assessed up to \$10,000.

f. Retaliation/Discrimination

No licensee shall discriminate or retaliate in any manner against a patient or employee for filing or initiating a grievance or complaint or cooperating in any complaint investigation or proceeding. Any attempt to expel a patient or terminate an employee under specified conditions is considered to be a violation of Section 1432 of the Health and Safety Code.

Willful infraction of this code is subject to penalties of not more than \$10,000.

<u>District Office</u>	<u>County</u>	<u>District Office</u>	<u>County</u>
District Administrator 8885 Rio San Diego Drive San Diego, CA 92120 Phone No.: (619) 237-7781 Toll-Free (800) 824-0613	Imperial San Diego	District Administrator 1836 S. Commercenter Circle San Bernardino, CA 92408 Phone No.: (714) 383-4777	Inyo Mono Riverside San Bernardino
District Administrator 50 D Street, Room 330 Santa Rosa, CA 95404 Phone No.: (707) 576-2380 Toll-Free (800) 554-0349	Del Norte Humboldt Lake Mendocino	District Administrator 530 E. Montecito, Ste 103 Santa Barbara, CA 93103 Phone No.: (805) 564-1247 Toll-Free: (800) 547-8267	Kern San Luis Obispo Santa Barbara Ventura
District Administrator 2422 Arden Way Building "B", Suite 35 Sacramento, CA 95825 Phone No.: (916) 92-6851 Toll-Free (800) 554-0354	Alpine Amador Calaveras El Dorado Placer	District Administrator 2151 Berkeley Way Berkeley, CA 94704 Phone No.: (415) 540-2417 Toll-Free: (800) 554-0352	Alameda Contra Costa
District Administrator 1074 East Ave., Suite K Chico, CA 95926 Phone No.: (916) 895-6711 Toll-Free: (800) 554-0350	Butte Colusa Glenn Lassen Modoc Nevada Plumas	District Administrator 100 Paseo de San Antonio, Suite 235 San Jose, CA 95113 Phone No.: (408) 277-1784 Toll-Free: (800) 554-0348	Monterey San Benito Santa Clara Santa Cruz
District Administrator 939 Market St., Rm 101 San Francisco, CA 94103 Phone No.: (415) 557-1711 Toll-Free (800) 554-0353	San Francisco San Mateo Marin	District Administrator 666 West Shaw, Suite 185 Fresno, CA 93704 Phone No.: (209) 445-5168 Toll-Free: (800) 554-0351	Fresno Kings Madera Mariposa Merced Tulare
District Administrator 28 Civic Center Plaza, Room 850 Santa Ana, CA 92701 Phone No.: (714) 558-4001 Toll-Free (800) 228-5234	Orange	Chief Health Facilities Division County of Los Angeles 313 North Figueroa Street, Room 317 Los Angeles, CA 90012 Phone No.: (213) 974-7873 Toll-Free: (800) 228-1019	Los Angeles

Department of Health Services

The time may arise when you question the care, services, or environment of a nursing home. Usually, the first step in resolving such a problem is to speak directly to the nursing home administrator or to the director of nursing. If you are unable to bring about a satisfactory resolution of the problem, and you feel the problem is serious, you should write or call the Department of Health Services' Licensing Field Office in your locality regarding the incident or condition. California nursing home regulations provide that citations can be issued to nursing homes which violate licensing regulations. Fines can be as high as \$25,000 depending on the seriousness of the violation.

The complaint should be as detailed as possible including a description of specific incidents, times, dates, and names of persons involved. Include your name, address, and telephone number so the Department can contact you. The Department will make an on-site inspection within ten days. The inspection will be unannounced and the evaluator will not disclose the name of the person who initiated the complaint if the complainant requests anonymity. The complainant may accompany the evaluator during the investigation. A serious, life-threatening complaint should be phoned in and will be investigated immediately.

A nursing home operator who discriminates or retaliates in any way against an employee or patient for complaining may be fined. An operator who discharges a patient within 120 days of a patient's complaint can also be fined unless the nursing home can prove that the discharge had nothing to do with the complaint.

Every nursing home must post a copy of its latest licensing survey report, along with the plan of correction, for all deficiencies noted in its most recent survey. If the problems are not corrected, the facility could be in jeopardy of losing its license and/or Federal certification.

To file a complaint simply call or write the Licensing and Certification Office nearest you. "800" toll-free numbers have been established in each district office to make it easier for the public to file a complaint. The number is listed in telephone directories throughout the State in the summary of state offices located in the front of telephone directories and in the yellow pages under hospitals and nursing homes. The addresses and telephone numbers of all district offices are included as an Appendix to this booklet.

California Ombudsman Program

The California Ombudsman program, instituted in 1978 as part of the federal Older American's Act, is operated through the California Department of Aging. The primary purpose of the program is to investigate complaints on behalf of long-term care facility patients and to monitor the direction of legislation with the goal of assuring the rights of patients.

The normal procedure of an ombudsman is to try to settle patient-facility problems in-house. A misunderstanding of issues, procedures, and regulations is a common problem and cause of many of the concerns of patients and families. Medical attention, diet, therapy, bathing, and other areas of personal care or lack of it represent the majority of calls handled by the ombudsman. Facility staffing and quality of staff are other subjects of concern to family members.

The Department of Aging has divided the State into district Planning and Service Areas (PSAs). Presently there are 33 PSAs designated to manage and monitor the services available for seniors at the local level. Appendix B of this booklet lists the location of ombudsman offices throughout the State if you need to call them.

- PSA 1—Humboldt, Del Norte Counties**
Redwood Ombudsman
1910 California Street
Eureka, CA 95501
(707) 443-9747
- PSA 2—Lassen, Modoc, Shasta, Siskiyou, Trinity Counties**
Ombudsman Program/Senior Legal Center
P.O. Box 506
2120 Pine Street
Redding, CA 96099
(916) 243-3209
- PSA 3—Butte, Colusa, Glenn, Plumas, Tehama Counties**
Ombudsman Program/Family Service Agency
677 East 7th Avenue
Chico, CA 95926
(916) 891-1745
- PSA 4—Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba Counties**
Senior Ombudsman Advocacy Project (SOAP)
1819 16th Street
Sacramento, CA 95816
(916) 447-1075
- Satellites**
Sutter, Yolo, Yuba Ombudsman Program
725 D Street
Marysville, CA 95901
(916) 742-8289
- Nevada, Placer County**
Ombudsman Program
c/o Volunteer Bureau
5830 Morgan Place
Loomis, CA 95650
(916) 885-7706
- PSA 5—Marin County**
County of Marin Ombudsman Program
Citizen Service Office
Administration Building
Civic Center, Room 423
San Rafael, CA 94903
(415) 499-6190
- PSA 6—San Francisco County**
Family Service Agency/
Ombudsman Program
916 Eddy Street
Mailing Address: 1010 Gough
San Francisco, CA 94109
(415) 474-8757
- PSA 7—Contra Costa County**
Ombudsman Program
c/o Diablo Rehabilitation Center
490 Golf Club Road
Pleasant Hill, CA 94523
(415) 682-6330
- PSA 8—San Mateo County**
Long-Term Care Ombudsman Program
c/o Catholic Social Services
600 Columbia Drive
San Mateo, CA 94402
(415) 579-0277
- PSA 9—Alameda County**
Ombudsman, Inc.
477 15th Street, Room 309
Oakland, CA 94612
(415) 465-1065
(415) 465-1153
- PSA 10—Santa Clara County**
Nursing Home Ombudsman Program
2175 The Alameda
San Jose, CA 95126
(408) 243-3001
(408) 249-3950
- PSA 11—San Joaquin County**
N. H. Ombudsman Volunteer Program
Community Council of Stockton and San Joaquin County
1107 North San Joaquin
Stockton, CA 95204
(209) 948-1200
- PSA 12—Alpine, Amador, Calaveras, Mariposa, Tuolumne Counties**
Ombudsman Program
No. 6 South Washington, Room No. 8
Sonora, CA 95370
(209) 533-3364
- PSA 13—Santa Cruz, San Benito Counties**
Coordinator
Citizens for Better Nursing Home Care, Inc.
234 Santa Cruz Avenue
Aptos, CA 95003
(408) 429-1913
- PSA 14—Fresno, Madera Counties**
Ombudsman Program
1028 N. Fulton
Fresno, CA 93728
(209) 233-7393
- PSA 15—Kings, Tulare Counties**
Long-Term Care Ombudsman Program
c/o Kings County Comm. on Aging Council
1197 South Drive
Hanford, CA 93230
(209) 582-3211, Extensions 2824, 2825, 2826
- PSA 16—Inyo, Mono Counties**
Inyo-Mono Ombudsman Program
180 East Clarke Street
Bishop, CA 93514
(619) 873-8557
- PSA 17—San Luis Obispo County**
Nursing Home Ombudsman Services of San Luis Obispo County
525 Piney Way
Morro Bay, CA 93442
(805) 772-3059
- PSA 17—Santa Barbara County**
South
S. B. Citizens for Better Nursing Home Care
423 West Victoria
Santa Barbara, CA 93101
(805) 965-4446
(805) 928-4808 Santa Maria Branch (Office)
- PSA 18—Ventura County**
Long-Term Care Ombudsman Program
2754 Sherwin Avenue, Unit 1
Ventura, CA 93003
(805) 656-1986
- PSA 19—Los Angeles County**
Long-Term Care Ombudsman Program of Los Angeles County
c/o Westside Independent Services to the Elderly (WISE)
1320 Santa Monica Mall
Santa Monica, CA 90401
(213) 394-9871
Toll-Free (800) 334-9473
- Satellites**
Long Beach Ombudsman Program
c/o Long Beach Senior Center
1150 East 4th Street, Room 117D
Long Beach, CA 90802
(213) 435-0234
Toll-Free (800) 334-9473
- San Gabriel Valley Ombudsman Program
660 S. Mountain
Claremont, CA 91711
Toll-Free (800) 334-9473

Santa Monica-Englewood Ombudsman Program
1320 Santa Monica Mall
Santa Monica, CA 90401
Toll-Free (800) 334-9473

Pasadena Ombudsman Program
85 East Holly
Pasadena, CA 91103
Toll-Free (800) 334-9473

East Los Angeles Ombudsman Program
Branch Office
El Monte, CA 91731
Toll-Free (800) 334-9473

Torrance Ombudsman Program
1520 Greenwood Avenue
Torrance, CA 90503
Toll-Free (800) 334-9473

PSA 20—San Bernardino County
Ombudsman Program
686 East Mill Street
San Bernardino, CA 92415
(714) 383-3861

PSA 21—Riverside County
Riverside City and County
Ombudsman, Inc.
2060 University Avenue
Riverside, CA 92507
(714) 686-4402

PSA 22—Orange County
Long-Term Care Ombudsman
Service
Orange County Council on
Aging, Inc.

8100 Garden Grove Boulevard,
Suite 7
Garden Grove, CA 92644
(714) 892-7769
(714) 892-7760

PSA 23—San Diego County
Long-Term Care Ombudsman
Program
Department of Social Services
4161 Marlborough Avenue
San Diego, CA 92105
(619) 560-2501
(619) 236-4509

PSA 24—Imperial County
Ombudsman Program
654 Main Street
El Centro, CA 92243
(619) 352-8521

PSA 25—Los Angeles County
Long-Term Care Ombudsman
Program of Los Angeles City
14406 Hamlin Street
Van Nuys, CA 91401
(818) 782-4303

**PSA 26—Lake, Mendocino
Counties**
Nursing Home Ombudsman
Program
546 North State Street, Suite 3
Ukiah, CA 95482
(707) 468-5882

PSA 27—Sonoma County
Ombudsman Program
2400 Coddington Center
Santa Rosa, CA 95401
(707) 526-4108 (Office)
(707) 874-3021 (Home)

PSA 28—Solano County
Nursing Home Ombudsman Service
of Solano County
535 Capitol Street
Vallejo, CA 94590
(707) 554-1126

PSA 28—Napa County
Ombudsman Program
c/o Volunteer Center of
Napa County, Inc.
1700 Second Street, Suite 308
Napa, CA 94559
(707) 252-6222

PSA 29—El Dorado County
Ombudsman Program
937 Spring Street
Placerville, CA 95667
(916) 626-2148

PSA 30—Stanislaus County
Ombudsman Program
c/o Catholic Charities
914 13th Street
Modesto, CA 95354
(209) 529-3784

PSA 31—Merced County
Ombudsman Program
c/o Catholic Social Service
504 West 13th Street
Merced, CA 95340
(209) 383-5755

PSA 32—Monterey County
Monterey County Ombudsman
Program
1281 Broadway
Seaside, CA 93955
(408) 758-4011
(408) 899-4066

PSA 33—Kern County
Ombudsman Program
Greater Bakersfield Legal
Assistance
615 California Street
Bakersfield, CA 93304
(805) 325-5943

California Fraud Program

For Fraud complaints, consumers may call:

- 1 Department of Health Services
Audits and Investigations Section 916-445-2912
714 "P" Street, Room 650
Sacramento, California 95814

2. Department of Justice
Bureau of Medi-Cal Fraud 916-445-9555
1515 K Street
Sacramento, California 95814

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE

Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory

Street Address: Self-explanatory

City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE MARINA CONVALESCENT CENTER

Street Address: 3201 FERNSIDE BOULEVARD		City and State: ALAMEDA CA 94501	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 33	Type of Ownership: PROPRIETARY	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 6
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	53.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	18	60.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	86.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	73.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	20.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	36.7	42.9	37.7
Completely bedfast residents.	1	3.3	3.8	3.4
Residents confined to chairs.	8	26.7	58.6	50.8
Residents requiring restraints.	11	36.7	45.3	41.3
Confused or disoriented residents.	26	86.7	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	6.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRATHER METHODIST MEMORIAL HOME

Street Address:		City and State:	
508 WESTLINE DR		ALAMEDA CA 94501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	151	NON-PROFIT RELIGIOUS	03/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
135	4	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	92.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	96.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	89.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	91.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	89.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	23.7	42.9	37.7
Completely bedfast residents.	5	3.7	3.8	3.4
Residents confined to chairs.	111	82.2	58.6	50.8
Residents requiring restraints.	58	43.0	45.3	41.3
Confused or disoriented residents.	98	72.6	60.6	58.4
Residents with bed sores.	2	1.5	8.8	7.1
Residents receiving special skin care.	20	14.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHORELINE SOUTH INTERMEDIATE CARE FAC

Street Address: 430 WILLOW ST		City and State: ALAMEDA CA 94501	
Participation: MEDICAID ICF	# of Beds: 166	Type of Ownership: PROPRIETARY	Survey Date: 03/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 161	Medicare Residents: 0	Medicaid Residents: 141
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	95.7	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	98	60.9	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	6.2	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	1.9	13.2	59.1
Residents on individually written bowel and bladder retraining program.	3	1.9	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	6.8	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	3	1.9	4.2	39.1
Residents requiring restraints.	1	0.6	1.4	31.7
Confused or disoriented residents.	3	1.9	23.8	55.8
Residents with bed sores.	1	0.6	0.5	4.7
Residents receiving special skin care.	11	6.8	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WATERS EDGE THE

Street Address:		City and State:	
2401 BLANDING AVE		ALAMEDA CA 94501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	0	115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	97.4	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	18.3	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	12.2	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	13.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	0.9	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	0.9	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	20	17.4	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	17	14.8	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALHAMBRA CONVALESCENT HOME

Street Address:		City and State:	
415 SOUTH GARFIELD AVENUE		ALHAMBRA CA 91801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	97	PROPRIETARY	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
89	7	82			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	79	88.8	83.8	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	86	96.6	87.4	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	86	96.6	80.6	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	91.0	79.4	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	73	82.0	73.0	68.2	
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	26	29.2	42.9	37.7	
Completely bedfast residents.	4	4.5	3.8	3.4	
Residents confined to chairs.	57	64.0	58.6	50.8	
Residents requiring restraints.	52	58.4	45.3	41.3	
Confused or disoriented residents.	59	66.3	60.6	58.4	
Residents with bed sores.	7	7.9	8.8	7.1	
Residents receiving special skin care.	10	11.2	29.7	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ALHAMBRA SKILLED NURS & REHAB FAC

Street Address:		City and State:	
100 SOUTH RAYMOND AVE		ALHAMBRA CA 91802	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	20	NON-PROFIT OTHER	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
15	8	6			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		12	80.0	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		13	86.7	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		5	33.3	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		13	86.7	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		12	80.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	66.7	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		0	0.0	58.6	50.8
Residents requiring restraints.		0	0.0	45.3	41.3
Confused or disoriented residents.		0	0.0	60.6	58.4
Residents with bed sores.		0	0.0	8.8	7.1
Residents receiving special skin care.		0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRYKIRK EXTENDED CARE HOSPITAL

Street Address: 2339 W VALLEY BOULEVARD		City and State: ALHAMBRA CA 91803	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 43	Type of Ownership: PROPRIETARY	Survey Date: 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	88.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	92.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	81.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	83.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	61.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	4.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	57.1	42.9	37.7
Completely bedfast residents.	1	2.4	3.8	3.4
Residents confined to chairs.	25	59.5	58.6	50.8
Residents requiring restraints.	29	69.0	45.3	41.3
Confused or disoriented residents.	34	81.0	60.6	58.4
Residents with bed sores.	1	2.4	8.8	7.1
Residents receiving special skin care.	28	66.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CALIFORNIA P.E.O. HOME

Street Address:		City and State:	
700 N. STONEMAN AVE		ALHAMBRA CA 91801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	44	NON-PROFIT OTHER	02/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
37	0	17			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		20	54.1	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		30	81.1	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		18	48.6	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		31	83.8	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		18	48.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	56.8	42.9	37.7
Completely bedfast residents.		2	5.4	3.8	3.4
Residents confined to chairs.		13	35.1	58.6	50.8
Residents requiring restraints.		10	27.0	45.3	41.3
Confused or disoriented residents.		19	51.4	60.6	58.4
Residents with bed sores.		0	0.0	8.8	7.1
Residents receiving special skin care.		8	21.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOME FOR THE AGED PROTESTANT CHURCH

Street Address: 1428 S MARENGO AVENUE		City and State: ALHAMBRA CA 91803	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 198	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	Medicare Residents: 0	Medicaid Residents: 54
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	41.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	94.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	88.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	71.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	69.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	28.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	82	88.2	58.6	50.8
Residents requiring restraints.	59	63.4	45.3	41.3
Confused or disoriented residents.	75	80.6	60.6	58.4
Residents with bed sores.	8	8.6	8.8	7.1
Residents receiving special skin care.	11	11.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN HEALTH FACILITY

Street Address:		City and State:	
2021 CARLOS ST		ALHAMBRA CA 91803	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	50	NON-PROFIT RELIGIOUS	03/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	1	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	81.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	98.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	93.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	93.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	87.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	42.9	42.9	37.7
Completely bedfast residents.	2	4.1	3.8	3.4
Residents confined to chairs.	39	79.6	58.6	50.8
Residents requiring restraints.	47	95.9	45.3	41.3
Confused or disoriented residents.	45	91.8	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	4.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SAM B. WEST HLTH CARE CTR OF ATHERTON

Street Address:		City and State:	
214 S. ATLANTIC BLVD		ALHAMBRA CA 91801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	113	NON-PROFIT RELIGIOUS	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	78.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	89.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	73.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	68.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	74.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	37.8	42.9	37.7
Completely bedfast residents.	2	2.7	3.8	3.4
Residents confined to chairs.	42	56.8	58.6	50.8
Residents requiring restraints.	40	54.1	45.3	41.3
Confused or disoriented residents.	44	59.5	60.6	58.4
Residents with bed sores.	4	5.4	8.8	7.1
Residents receiving special skin care.	8	10.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALPINE CONVALESCENT CENTER

Street Address: 2120 ALPINE BLVD		City and State: ALPINE CA 92001	
Participation: MEDICAID SNF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	Medicare Residents: 0	Medicaid Residents: 5
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	30	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALTA LOMA CONVALESCENT HOSPITAL

Street Address: 9333 LA MESA DRIVE		City and State: ALTA LOMA CA 91701	
Participation: MEDICAID SNF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 02/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 55
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	45.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	47	79.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	36	61.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	52.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	28.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	40.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	13	22.0	58.6	50.8
Residents requiring restraints.	18	30.5	45.3	41.3
Confused or disoriented residents.	33	55.9	60.6	58.4
Residents with bed sores.	5	8.5	8.8	7.1
Residents receiving special skin care.	5	8.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
NOT MET	201	16.7	1123	11.9
MET	459	38.2	2045	21.6
NOT MET	352	29.3	1662	17.6
MET	505	42.0	2739	29.0
NOT MET	236	19.7	1389	14.7
MET	52	4.3	587	6.2
NOT MET	168	14.0	816	8.6
MET	249	20.7	1099	11.6
NOT MET	288	24.0	1270	13.4
NOT MET	237	19.7	1216	12.9
MET	152	12.7	1041	11.0
MET	298	24.8	1413	14.9
NOT MET	262	21.8	1408	14.9
NOT MET	501	41.7	2340	24.7
NOT MET	238	19.8	700	7.4
NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCRIPPS HOME THE

Street Address:		City and State:	
2212 NORTH EL MOLINO AVENUE		ALTADENA CA 91001	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	49	NON-PROFIT PRIVATE	01/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
49	0	47	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	67.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	93.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	59.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	59.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	44.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	32.7	42.9	37.7
Completely bedfast residents.	2	4.1	3.8	3.4
Residents confined to chairs.	23	46.9	58.6	50.8
Residents requiring restraints.	21	42.9	45.3	41.3
Confused or disoriented residents.	22	44.9	60.6	58.4
Residents with bed sores.	1	2.0	8.8	7.1
Residents receiving special skin care.	4	8.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE WEST-WARNER MOUNTAIN NURSING CTR

Street Address:		City and State:	
225 MCDOWELL AVE		ALTURAS CA 96101	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	NON-PROFIT PRIVATE	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
50	1	38		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	90.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	86.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	74.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	94.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	76.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	4.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	58.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	18	36.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	32	64.0	60.6	58.4
Residents with bed sores.	4	8.0	8.8	7.1
Residents receiving special skin care.	7	14.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANAHEIM TERRACE CARE CENTER

Street Address:		City and State:	
141 S KNOTT AVENUE		ANAHEIM CA 92804	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
88	1	60		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	85.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	86.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	85.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	86.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	58.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	27.3	42.9	37.7
Completely bedfast residents.	3	3.4	3.8	3.4
Residents confined to chairs.	14	15.9	58.6	50.8
Residents requiring restraints.	53	60.2	45.3	41.3
Confused or disoriented residents.	33	37.5	60.6	58.4
Residents with bed sores.	9	10.2	8.8	7.1
Residents receiving special skin care.	26	29.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 3067 ORANGE AVE		City and State: ANAHEIM CA 92804	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 83	Type of Ownership: PROPRIETARY	Survey Date: 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
78	1	65			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		78	100	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		76	97.4	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		74	94.9	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		64	82.1	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		46	59.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.		2	2.6	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		34	43.6	42.9	37.7
Completely bedfast residents.		1	1.3	3.8	3.4
Residents confined to chairs.		69	88.5	58.6	50.8
Residents requiring restraints.		28	35.9	45.3	41.3
Confused or disoriented residents.		63	80.8	60.6	58.4
Residents with bed sores.		9	11.5	8.8	7.1
Residents receiving special skin care.		10	12.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BUENA VISTA CONVALESCENT HOSPITAL

Street Address: 1440 S EUCLID ST		City and State: ANAHEIM CA 92802	
Participation: MEDICARE SNF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 1	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	83.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	76	87.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	86.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	92.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	80.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	49.4	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	52	59.8	58.6	50.8
Residents requiring restraints.	43	49.4	45.3	41.3
Confused or disoriented residents.	63	72.4	60.6	58.4
Residents with bed sores.	9	10.3	8.8	7.1
Residents receiving special skin care.	32	36.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CASA PACIFICA CONVALESCENT HOSPITAL

Street Address: 861 S HARBOR BLVD		City and State: ANAHEIM CA 92805	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 2	Medicaid Residents: 65	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	84.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	78.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	63.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	68.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	65.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	17.3	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	44	44.9	58.6	50.8
Residents requiring restraints.	37	37.8	45.3	41.3
Confused or disoriented residents.	51	52.0	60.6	58.4
Residents with bed sores.	4	4.1	8.8	7.1
Residents receiving special skin care.	98	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EXTENDED CARE HOSPITAL OF ANAHEIM

Street Address:		City and State:	
501 SOUTH BEACH BLVD		ANAHEIM CA 92804	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	250	PROPRIETARY	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
183	8	153	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	171	93.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	171	93.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	171	93.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	163	89.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	151	82.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	2.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	35.0	42.9	37.7
Completely bedfast residents.	11	6.0	3.8	3.4
Residents confined to chairs.	151	82.5	58.6	50.8
Residents requiring restraints.	121	66.1	45.3	41.3
Confused or disoriented residents.	128	69.9	60.6	58.4
Residents with bed sores.	34	18.6	8.8	7.1
Residents receiving special skin care.	1	0.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUNTAINBLEAU NURSING CENTRE

Street Address:		City and State:	
3415 W BALL RD		ANAHEIM CA 92804	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	154	PROPRIETARY	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
149	0	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	74.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	142	95.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	74.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	40.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	74.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	121	81.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	91	61.1	58.6	50.8
Residents requiring restraints.	69	46.3	45.3	41.3
Confused or disoriented residents.	148	99.3	60.6	58.4
Residents with bed sores.	12	8.1	8.8	7.1
Residents receiving special skin care.	98	65.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAND CARE CONVALESCENT HOSPITAL

Street Address: 2040 N EUCLID AVE		City and State: ANAHEIM CA 92802	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93		Medicare Residents: 5		Medicaid Residents: 42			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				78	83.9	83.8	81.5
Dressing							
Residents requiring some or total assistance in dressing.				88	94.6	87.4	83.2
Toileting							
Residents requiring some or total assistance in toileting.				79	84.9	80.6	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				78	83.9	79.4	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				82	88.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.				2	2.2	2.7	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				37	39.8	42.9	37.7
Completely bedfast residents.				11	11.8	3.8	3.4
Residents confined to chairs.				65	69.9	58.6	50.8
Residents requiring restraints.				60	64.5	45.3	41.3
Confused or disoriented residents.				64	68.8	60.6	58.4
Residents with bed sores.				7	7.5	8.8	7.1
Residents receiving special skin care.				21	22.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GUIDANCE CENTER SANITARIUM

Street Address:		City and State:	
1135 LEISURE COURT		ANAHEIM CA 92801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	115	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
111	0	82	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	68.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	73.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	43.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	30.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	38.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	25.2	42.9	37.7
Completely bedfast residents.	1	0.9	3.8	3.4
Residents confined to chairs.	27	24.3	58.6	50.8
Residents requiring restraints.	26	23.4	45.3	41.3
Confused or disoriented residents.	111	100	60.6	58.4
Residents with bed sores.	4	3.6	8.8	7.1
Residents receiving special skin care.	12	10.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN CONV HOSP

Street Address:		City and State:	
1130 W LAPALMA AVE		ANAHEIM CA 92801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	72	PROPRIETARY	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
61	0	30		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	83.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	91.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	86.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	63.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	86.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	60.7	42.9	37.7
Completely bedfast residents.	5	8.2	3.8	3.4
Residents confined to chairs.	30	49.2	58.6	50.8
Residents requiring restraints.	11	18.0	45.3	41.3
Confused or disoriented residents.	48	78.7	60.6	58.4
Residents with bed sores.	8	13.1	8.8	7.1
Residents receiving special skin care.	8	13.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN HLTH FACILITY OF ANAHEIM

Street Address:		City and State:	
891 S WALNUT ST		ANAHEIM CA 92802	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	33	NON-PROFIT RELIGIOUS	07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
31	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	96.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	96.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	93.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	93.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	74.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	48.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	8	25.8	58.6	50.8
Residents requiring restraints.	17	54.8	45.3	41.3
Confused or disoriented residents.	26	83.9	60.6	58.4
Residents with bed sores.	1	3.2	8.8	7.1
Residents receiving special skin care.	6	19.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKVIEW CONVALESCENT HOSPITAL

Street Address: 1514 E LINCOLN AVE		City and State: ANAHEIM CA 92805	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 41	Type of Ownership: PROPRIETARY	Survey Date: 05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41		Medicare Residents: 0		Medicaid Residents: 29	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		31	75.6	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		40	97.6	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		36	87.8	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		36	87.8	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		30	73.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	34.1	42.9	37.7
Completely bedfast residents.		14	34.1	3.8	3.4
Residents confined to chairs.		10	24.4	58.6	50.8
Residents requiring restraints.		22	53.7	45.3	41.3
Confused or disoriented residents.		22	53.7	60.6	58.4
Residents with bed sores.		4	9.8	8.8	7.1
Residents receiving special skin care.		4	9.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ELIZABETH CONV HOSP

Street Address:		City and State:	
3435 W BALL RD		ANAHEIM CA 92804	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	115	PROPRIETARY	06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
103	9	16		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	97.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	94.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	91.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	94.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	75.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	46.6	42.9	37.7
Completely bedfast residents.	7	6.8	3.8	3.4
Residents confined to chairs.	86	83.5	58.6	50.8
Residents requiring restraints.	52	50.5	45.3	41.3
Confused or disoriented residents.	62	60.2	60.6	58.4
Residents with bed sores.	27	26.2	8.8	7.1
Residents receiving special skin care.	34	33.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUN-MAR NURSING CENTER-ANAHEIM

Street Address: 1720 WEST ORANGE AVE		City and State: ANAHEIM CA 92804	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 69	Type of Ownership: PROPRIETARY	Survey Date: 05/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	79.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	31	79.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	71.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	76.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	64.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	87.2	42.9	37.7
Completely bedfast residents.	1	2.6	3.8	3.4
Residents confined to chairs.	23	59.0	58.6	50.8
Residents requiring restraints.	19	48.7	45.3	41.3
Confused or disoriented residents.	23	59.0	60.6	58.4
Residents with bed sores.	7	17.9	8.8	7.1
Residents receiving special skin care.	12	30.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANDERSON CARE CTR

Street Address:		City and State:	
3300 FRANKLIN ST		ANDERSON CA 96007	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	85	PROPRIETARY	03/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
80	0	80	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	10	12.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	100	42.9	37.7
Completely bedfast residents.	3	3.7	3.8	3.4
Residents confined to chairs.	1	1.2	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	10	12.5	60.6	58.4
Residents with bed sores.	10	12.5	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOSPITALITY CARE CENTER

Street Address:		City and State:	
1450 HAPPY VALLEY RD		ANDERSON CA 96007	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	34	PROPRIETARY	03/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
33	0	31			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		5	15.2	57.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		0	0.0	35.6	76.7
Toileting					
Residents requiring some or total assistance in toileting.		0	0.0	12.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		0	0.0	14.9	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		6	18.2	13.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.0	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		0	0.0	4.1	29.3
Completely bedfast residents.		0	0.0	0.2	3.6
Residents confined to chairs.		3	9.1	4.2	39.1
Residents requiring restraints.		0	0.0	1.4	31.7
Confused or disoriented residents.		11	33.3	23.8	55.8
Residents with bed sores.		0	0.0	0.5	4.7
Residents receiving special skin care.		0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTWOOD CONVALESCENT HOSPITAL

Street Address:		City and State:	
295 PINE BREEZE DR		ANGWIN CA 94508	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	59	PROPRIETARY	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
59		0		49	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		23	39.0	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		25	42.4	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		17	28.8	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		7	11.9	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		17	28.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		6	10.2	42.9	37.7
Completely bedfast residents.		1	1.7	3.8	3.4
Residents confined to chairs.		11	18.6	58.6	50.8
Residents requiring restraints.		0	0.0	45.3	41.3
Confused or disoriented residents.		21	35.6	60.6	58.4
Residents with bed sores.		1	1.7	8.8	7.1
Residents receiving special skin care.		1	1.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANTIOCH CONV HOSP

Street Address:		City and State:	
1210 A ST		ANTIOCH CA 94509	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
94	8	67		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	90.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	95.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	88.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	88.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	79.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	43.6	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	76	80.9	58.6	50.8
Residents requiring restraints.	8	8.5	45.3	41.3
Confused or disoriented residents.	60	63.8	60.6	58.4
Residents with bed sores.	6	6.4	8.8	7.1
Residents receiving special skin care.	22	23.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

CAVALLO ROAD CONVALESCENT HOSPITAL

Street Address:		City and State:	
1907 CAVALLO ROAD		ANTIOCH CA 94509	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	38	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	80.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	31	86.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	91.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	91.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	83.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	41.7	42.9	37.7
Completely bedfast residents.	2	5.6	3.8	3.4
Residents confined to chairs.	26	72.2	58.6	50.8
Residents requiring restraints.	23	63.9	45.3	41.3
Confused or disoriented residents.	24	66.7	60.6	58.4
Residents with bed sores.	3	8.3	8.8	7.1
Residents receiving special skin care.	8	22.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LONE TREE CONVALESCENT HOSPITAL

Street Address:		City and State:	
4001 LONE TREE WAY		ANTIOCH CA 94509	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	09/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	1	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	14.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	92.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	91.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	78.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	86.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	42.7	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	71	79.8	58.6	50.8
Residents requiring restraints.	76	85.4	45.3	41.3
Confused or disoriented residents.	79	88.8	60.6	58.4
Residents with bed sores.	8	9.0	8.8	7.1
Residents receiving special skin care.	24	27.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARCADIA CONVALESCENT HOSPITAL

Street Address:		City and State:	
1601 S BALDWIN AVENUE		ARCADIA CA 91006	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	117	PROPRIETARY	05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	5	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	97.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	97.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	85.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	85.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	45.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	42.4	42.9	37.7
Completely bedfast residents.	4	4.7	3.8	3.4
Residents confined to chairs.	53	62.4	58.6	50.8
Residents requiring restraints.	32	37.6	45.3	41.3
Confused or disoriented residents.	42	49.4	60.6	58.4
Residents with bed sores.	12	14.1	8.8	7.1
Residents receiving special skin care.	20	23.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUNTINGTON DRIVE CONVALESCENT HOSPITAL

Street Address:		City and State:	
414 W HUNTINGTON DRIVE		ARCADIA CA 91006	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
97	0	41	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	81.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	88.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	81.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	88.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	66.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	54.6	42.9	37.7
Completely bedfast residents.	5	5.2	3.8	3.4
Residents confined to chairs.	82	84.5	58.6	50.8
Residents requiring restraints.	30	30.9	45.3	41.3
Confused or disoriented residents.	51	52.6	60.6	58.4
Residents with bed sores.	2	2.1	8.8	7.1
Residents receiving special skin care.	20	20.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALTA VISTA HEALTH CARE

Street Address:		City and State:	
9020 GARFIELD AVE		ARLINGTON CA 92503	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	02/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
96	1	63			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		76	79.2	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		85	88.5	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		73	76.0	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		73	76.0	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		74	77.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.		2	2.1	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	20.8	42.9	37.7
Completely bedfast residents.		8	8.3	3.8	3.4
Residents confined to chairs.		61	63.5	58.6	50.8
Residents requiring restraints.		55	57.3	45.3	41.3
Confused or disoriented residents.		54	56.3	60.6	58.4
Residents with bed sores.		6	6.3	8.8	7.1
Residents receiving special skin care.		33	34.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTH COUNTY CONV CTR

Street Address:		City and State:	
1212 FARROLL AVE		ARROYO GRANDE CA 93420	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	99	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
98	0	47	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	95.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	85.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	12	12.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	45.9	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	86	87.8	58.6	50.8
Residents requiring restraints.	81	82.7	45.3	41.3
Confused or disoriented residents.	80	81.6	60.6	58.4
Residents with bed sores.	4	4.1	8.8	7.1
Residents receiving special skin care.	42	42.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PILGRIM'S CONVALESCENT HOSPITAL

Street Address:		City and State:	
11614 E 183RD STREET		ARTESIA CA 90701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	NON-PROFIT RELIGIOUS	02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
58	0	56	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	94.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	87.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	87.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	96.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	36.2	42.9	37.7
Completely bedfast residents.	2	3.4	3.8	3.4
Residents confined to chairs.	29	50.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	30	51.7	60.6	58.4
Residents with bed sores.	2	3.4	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TWIN PALMS SANITARIUM

Street Address:		City and State:	
11900 EAST ARTESIA BLVD		ARTESIA CA 90701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	296	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
289	0	202	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	251	86.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	267	92.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	205	70.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	59.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	210	72.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	0.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	172	59.5	42.9	37.7
Completely bedfast residents.	8	2.8	3.8	3.4
Residents confined to chairs.	80	27.7	58.6	50.8
Residents requiring restraints.	79	27.3	45.3	41.3
Confused or disoriented residents.	239	82.7	60.6	58.4
Residents with bed sores.	4	1.4	8.8	7.1
Residents receiving special skin care.	284	98.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PACIFIC REGENCY/ARVIN

Street Address:		City and State:	
323 CAMPUS DRIVE		ARVIN CA 93203	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	81	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	5.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	94.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	85.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	85.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	82.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	59.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	57	73.1	58.6	50.8
Residents requiring restraints.	31	39.7	45.3	41.3
Confused or disoriented residents.	42	53.8	60.6	58.4
Residents with bed sores.	9	11.5	8.8	7.1
Residents receiving special skin care.	45	57.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRY CARE CONVALESCENT HOSPITAL

Street Address:		City and State:	
14900 EL CAMINO REAL		ATASCADERO CA 93422	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	40	NON-PROFIT RELIGIOUS	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	89.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	56.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	69.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	28.2	42.9	37.7
Completely bedfast residents.	1	2.6	3.8	3.4
Residents confined to chairs.	17	43.6	58.6	50.8
Residents requiring restraints.	8	20.5	45.3	41.3
Confused or disoriented residents.	26	66.7	60.6	58.4
Residents with bed sores.	1	2.6	8.8	7.1
Residents receiving special skin care.	2	5.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DANISH CONV HOME

Street Address:		City and State:	
10805 EL CAMINO REAL		ATASCADERO CA 93422	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	64	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	98.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	98.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	96.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	98.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	4.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	37.7	42.9	37.7
Completely bedfast residents.	1	1.6	3.8	3.4
Residents confined to chairs.	49	80.3	58.6	50.8
Residents requiring restraints.	20	32.8	45.3	41.3
Confused or disoriented residents.	31	50.8	60.6	58.4
Residents with bed sores.	6	9.8	8.8	7.1
Residents receiving special skin care.	21	34.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWS CONV HOSP

Street Address: 1685 SHAFFER RD		City and State: ATWATER CA 95301	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 99	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	Medicare Residents: 4	Medicaid Residents: 60
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	81.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	93.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	87.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	91.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	84.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	54.3	42.9	37.7
Completely bedfast residents.	28	34.6	3.8	3.4
Residents confined to chairs.	48	59.3	58.6	50.8
Residents requiring restraints.	31	38.3	45.3	41.3
Confused or disoriented residents.	31	38.3	60.6	58.4
Residents with bed sores.	10	12.3	8.8	7.1
Residents receiving special skin care.	10	12.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WISH-I-AH LODGE INC

Street Address:		City and State:	
35680 NORTH WISH-I-AH ROAD		AUBERRY CA 93602	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	135	PROPRIETARY	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
134	0	72	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	91.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	84.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	96	71.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	46.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	77.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	45.5	42.9	37.7
Completely bedfast residents.	1	0.7	3.8	3.4
Residents confined to chairs.	73	54.5	58.6	50.8
Residents requiring restraints.	62	46.3	45.3	41.3
Confused or disoriented residents.	126	94.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	30	22.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUBURN CONVALESCENT HOSPITAL

Street Address:		City and State:	
260 RACETRACK ST		AUBURN CA 95603	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	92	NON-PROFIT PRIVATE	09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUBURN RAVINE TERRACE

Street Address:		City and State:	
750 AUBURN RAVINE RD		AUBURN CA 95603	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	57	NON-PROFIT RELIGIOUS	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	83.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	75.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	75.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	82.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	32.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	23	41.1	58.6	50.8
Residents requiring restraints.	2	3.6	45.3	41.3
Confused or disoriented residents.	24	42.9	60.6	58.4
Residents with bed sores.	4	7.1	8.8	7.1
Residents receiving special skin care.	3	5.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOOTHILL OAKS CARE CTR INC

Street Address:		City and State:	
3400 BELL ROAD		AUBURN CA 95603	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
78	0	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	84.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	75.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	73.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	21.8	42.9	37.7
Completely bedfast residents.	1	1.3	3.8	3.4
Residents confined to chairs.	30	38.5	58.6	50.8
Residents requiring restraints.	25	32.1	45.3	41.3
Confused or disoriented residents.	47	60.3	60.6	58.4
Residents with bed sores.	4	5.1	8.8	7.1
Residents receiving special skin care.	15	19.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLTOP MANOR CONV HOSP

Street Address: 12225 SHALE RIDGE LN		City and State: AUBURN CA 95603	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 230	Type of Ownership: PROPRIETARY	Survey Date: 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	Medicare Residents: 5	Medicaid Residents: 144
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	72.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	143	89.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	138	86.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	90.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	68.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	44.4	42.9	37.7
Completely bedfast residents.	4	2.5	3.8	3.4
Residents confined to chairs.	111	69.4	58.6	50.8
Residents requiring restraints.	89	55.6	45.3	41.3
Confused or disoriented residents.	114	71.2	60.6	58.4
Residents with bed sores.	20	12.5	8.8	7.1
Residents receiving special skin care.	45	28.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AVALON MUNICIPAL HOSPITAL/SNF

Street Address:		City and State:	
100 FALLS CANYON RD		AVALON CA 90704	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	4	NON-PROFIT PRIVATE	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
2	1	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	100	58.6	50.8
Residents requiring restraints.	2	100	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAKERSFIELD CONV HOSP

Street Address:		City and State:	
730 34TH ST		BAKERSFIELD CA 93301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	150	PROPRIETARY	07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
121	6	95	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	60.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	90.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	90.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	88.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	76.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	32.2	42.9	37.7
Completely bedfast residents.	3	2.5	3.8	3.4
Residents confined to chairs.	80	66.1	58.6	50.8
Residents requiring restraints.	80	66.1	45.3	41.3
Confused or disoriented residents.	80	66.1	60.6	58.4
Residents with bed sores.	16	13.2	8.8	7.1
Residents receiving special skin care.	40	33.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address:		City and State:	
3601 SAN DIMAS ST		BAKERSFIELD CA 93301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	104	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	2	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	93.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	99.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	94.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	92.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	83.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	56.0	42.9	37.7
Completely bedfast residents.	6	6.0	3.8	3.4
Residents confined to chairs.	86	86.0	58.6	50.8
Residents requiring restraints.	56	56.0	45.3	41.3
Confused or disoriented residents.	68	68.0	60.6	58.4
Residents with bed sores.	10	10.0	8.8	7.1
Residents receiving special skin care.	50	50.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CALIFORNIAN CARE CENTER

Street Address:		City and State:	
2211 MOUNT VERNON AVE		BAKERSFIELD CA 93306	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	08/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
66	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	7.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	31.8	42.9	37.7
Completely bedfast residents.	2	3.0	3.8	3.4
Residents confined to chairs.	66	100	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	30	45.5	60.6	58.4
Residents with bed sores.	4	6.1	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL CONV HOSP

Street Address: 1611 HEIGHT ST		City and State: BAKERSFIELD CA 93305	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 15	Medicaid Residents: 76
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	60.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	87.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	89.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	89.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	87.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	91	79.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	80	69.6	58.6	50.8
Residents requiring restraints.	75	65.2	45.3	41.3
Confused or disoriented residents.	50	43.5	60.6	58.4
Residents with bed sores.	14	12.2	8.8	7.1
Residents receiving special skin care.	20	17.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTWOOD MANOR

Street Address:		City and State:	
6600 EUCALYPTUS DRIVE		BAKERSFIELD CA 93306	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	109	NON-PROFIT PRIVATE	01/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
109	0	109		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	7	6.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLTOP CONV HOSP

Street Address: 1601 HEIGHT ST		City and State: BAKERSFIELD CA 93305	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 117	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	Medicare Residents: 3	Medicaid Residents: 81		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	86.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	86.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	68.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	38.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	68.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	41.4	42.9	37.7
Completely bedfast residents.	8	8.1	3.8	3.4
Residents confined to chairs.	67	67.7	58.6	50.8
Residents requiring restraints.	67	67.7	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR LODGE CONV HOSP

Street Address:		City and State:	
2607 MT. VERNON AVE.		BAKERSFIELD CA 93306	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	37	PROPRIETARY	04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	76.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	94.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	97.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	79.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	61.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	28	82.4	58.6	50.8
Residents requiring restraints.	26	76.5	45.3	41.3
Confused or disoriented residents.	23	67.6	60.6	58.4
Residents with bed sores.	5	14.7	8.8	7.1
Residents receiving special skin care.	34	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MERCY HOSPITAL SNF

Street Address:		City and State:	
2215 TRUXTUN AVE		BAKERSFIELD CA 93301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	50	NON-PROFIT RELIGIOUS	04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
35	23	6	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	68.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	65.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	51.4	42.9	37.7
Completely bedfast residents.	1	2.9	3.8	3.4
Residents confined to chairs.	33	94.3	58.6	50.8
Residents requiring restraints.	24	68.6	45.3	41.3
Confused or disoriented residents.	24	68.6	60.6	58.4
Residents with bed sores.	6	17.1	8.8	7.1
Residents receiving special skin care.	10	28.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PACIFIC REGENCY/BAKERSFIELD

Street Address:		City and State:	
6212 TUDOR WAY		BAKERSFIELD CA 93306	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
83	2	28	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	68.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	55.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	68.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	21.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	38	45.8	58.6	50.8
Residents requiring restraints.	19	22.9	45.3	41.3
Confused or disoriented residents.	82	98.8	60.6	58.4
Residents with bed sores.	3	3.6	8.8	7.1
Residents receiving special skin care.	82	98.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKVIEW JULIAN CONVALESCENT HOSPITAL

Street Address:		City and State:	
1801 JULIAN AVE		BAKERSFIELD CA 93304	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	04/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
97	1	56		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	15.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	93.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	90.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	97.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	48.5	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	80	82.5	58.6	50.8
Residents requiring restraints.	15	15.5	45.3	41.3
Confused or disoriented residents.	83	85.6	60.6	58.4
Residents with bed sores.	2	2.1	8.8	7.1
Residents receiving special skin care.	97	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKVIEW REAL CONV HOSP

Street Address: 329 N REAL RD		City and State: BAKERSFIELD CA 93309	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 184	Type of Ownership: PROPRIETARY	Survey Date: 04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	Medicare Residents: 1	Medicaid Residents: 134
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	162	94.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	152	88.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	157	91.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	90.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	142	82.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	27.9	42.9	37.7
Completely bedfast residents.	49	28.5	3.8	3.4
Residents confined to chairs.	107	62.2	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	120	69.8	60.6	58.4
Residents with bed sores.	14	8.1	8.8	7.1
Residents receiving special skin care.	25	14.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSEWOOD HEALTH FACILITY

Street Address:		City and State:	
1401 NEW STINE ROAD		BAKERSFIELD CA 93309	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	79	NON-PROFIT RELIGIOUS	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
74	0	15		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	98.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	95.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	95.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	85.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	32.4	42.9	37.7
Completely bedfast residents.	2	2.7	3.8	3.4
Residents confined to chairs.	64	86.5	58.6	50.8
Residents requiring restraints.	48	64.9	45.3	41.3
Confused or disoriented residents.	49	66.2	60.6	58.4
Residents with bed sores.	1	1.4	8.8	7.1
Residents receiving special skin care.	13	17.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TOWN AND COUNTRY ICF

Street Address: 5741 E TEXAS ST		City and State: BAKERSFIELD CA 93307	
Participation: MEDICAID ICF	# of Beds: 18	Type of Ownership: PROPRIETARY	Survey Date: 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	Medicare Residents: 0	Medicaid Residents: 16
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	50.0	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	9	56.3	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	43.8	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	56.3	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	25.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	4	25.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	5	31.3	23.8	55.8
Residents with bed sores.	1	6.3	0.5	4.7
Residents receiving special skin care.	0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY CONV HOSP

Street Address:		City and State:	
1205 EIGHTH STREET		BAKERSFIELD CA 93304	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	87	PROPRIETARY	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
86	4	71	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	69.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	81.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	80.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	73.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	74.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	26.7	42.9	37.7
Completely bedfast residents.	4	4.7	3.8	3.4
Residents confined to chairs.	43	50.0	58.6	50.8
Residents requiring restraints.	49	57.0	45.3	41.3
Confused or disoriented residents.	45	52.3	60.6	58.4
Residents with bed sores.	7	8.1	8.8	7.1
Residents receiving special skin care.	26	30.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

VILLA TERRACE NURSING HOME

Street Address:		City and State:	
721 8TH STREET		BAKERSFIELD CA 93304	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	22	PROPRIETARY	05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
15	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	66.7	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	10	66.7	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	66.7	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	66.7	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	66.7	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	66.7	4.1	29.3
Completely bedfast residents.	3	20.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	3	20.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COAST CARE CONVALESCENT CENTER

Street Address:		City and State:	
14518 E LOS ANGELES STREET		BALDWIN PARK CA 91706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	48	NON-PROFIT OTHER	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
46		0		0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		33	71.7	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		33	71.7	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		33	71.7	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		23	50.0	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	67.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	47.8	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		13	28.3	58.6	50.8
Residents requiring restraints.		33	71.7	45.3	41.3
Confused or disoriented residents.		40	87.0	60.6	58.4
Residents with bed sores.		4	8.7	8.8	7.1
Residents receiving special skin care.		19	41.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALM VISTA CARE CENTER

Street Address:		City and State:	
14475 ITUNI STREET		BALDWIN PARK CA 91706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	97	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
77	3	68	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	74.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	90.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	85.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	79.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	62.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	42.9	42.9	37.7
Completely bedfast residents.	5	6.5	3.8	3.4
Residents confined to chairs.	48	62.3	58.6	50.8
Residents requiring restraints.	50	64.9	45.3	41.3
Confused or disoriented residents.	54	70.1	60.6	58.4
Residents with bed sores.	13	16.9	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SIERRA VIEW CARE CTR

Street Address:		City and State:	
14318 OHIO ST		BALDWIN PARK CA 91706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	98	PROPRIETARY	09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
93	4	86		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	86.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	87.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	81.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	82.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	78.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	32.3	42.9	37.7
Completely bedfast residents.	16	17.2	3.8	3.4
Residents confined to chairs.	57	61.3	58.6	50.8
Residents requiring restraints.	19	20.4	45.3	41.3
Confused or disoriented residents.	37	39.8	60.6	58.4
Residents with bed sores.	15	16.1	8.8	7.1
Residents receiving special skin care.	3	3.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE ROSE CONVALESCENT HOSPITAL

Street Address:		City and State:	
3541 PUENTE AVENUE		BALDWIN PARK CA 91706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	49	PROPRIETARY	10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
47	0	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	89.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	93.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	85.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	95.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	36.2	42.9	37.7
Completely bedfast residents.	4	8.5	3.8	3.4
Residents confined to chairs.	41	87.2	58.6	50.8
Residents requiring restraints.	26	55.3	45.3	41.3
Confused or disoriented residents.	40	85.1	60.6	58.4
Residents with bed sores.	3	6.4	8.8	7.1
Residents receiving special skin care.	4	8.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIMROCK VILLA CONV HOSP

Street Address: 27555 RIMROCK ROAD		City and State: BARSTOW CA 92311	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	Medicare Residents: 0	Medicaid Residents: 47		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	92.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	91.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	76.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	78.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	64.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	30.4	42.9	37.7
Completely bedfast residents.	5	8.9	3.8	3.4
Residents confined to chairs.	39	69.6	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	33	58.9	60.6	58.4
Residents with bed sores.	8	14.3	8.8	7.1
Residents receiving special skin care.	35	62.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEAUMONT CONV HOSP

Street Address:		City and State:	
1441 N MICHIGAN AVE		BEAUMONT CA 92223	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	87	PROPRIETARY	03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
70	2	55	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	78.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	97.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	87.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	87.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	85.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	51.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	51	72.9	58.6	50.8
Residents requiring restraints.	40	57.1	45.3	41.3
Confused or disoriented residents.	54	77.1	60.6	58.4
Residents with bed sores.	12	17.1	8.8	7.1
Residents receiving special skin care.	58	82.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELL CONVALESCENT HOSPITAL

Street Address:		City and State:	
4900 E FLORENCE AVENUE		BELL CA 90201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	06/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
95	0	85		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	64.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	64.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	50.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	89.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	71.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	22.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	43	45.3	58.6	50.8
Residents requiring restraints.	36	37.9	45.3	41.3
Confused or disoriented residents.	48	50.5	60.6	58.4
Residents with bed sores.	4	4.2	8.8	7.1
Residents receiving special skin care.	16	16.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEL RIO CONV CENTER

Street Address:		City and State:	
7002 E GAGE AVE		BELL CA 90201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	99	PROPRIETARY	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	83.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	92.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	75.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	48.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	61.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	48.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	97	100	60.6	58.4
Residents with bed sores.	4	4.1	8.8	7.1
Residents receiving special skin care.	50	51.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEL RIO SANITARIUM

Street Address:		City and State:	
7004 E GAGE AVE		BELL CA 90201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	84	PROPRIETARY	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
83	0	47			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		42	50.6	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		48	57.8	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		38	45.8	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		21	25.3	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		40	48.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.		3	3.6	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	24.1	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		20	24.1	58.6	50.8
Residents requiring restraints.		0	0.0	45.3	41.3
Confused or disoriented residents.		63	75.9	60.6	58.4
Residents with bed sores.		0	0.0	8.8	7.1
Residents receiving special skin care.		24	28.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELL GARDENS CONVALESCENT CENTER

Street Address: 5648 E GOTHAM STREET		City and State: BELL GARDENS CA 90201	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 135	Type of Ownership: PROPRIETARY	Survey Date: 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	Medicare Residents: 0	Medicaid Residents: 103
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing					
Residents requiring some or total assistance in bathing.	122	91.0	83.8	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	130	97.0	87.4	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	120	89.6	80.6	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	55.2	79.4	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	74	55.2	73.0	68.2	
Residents on individually written bowel and bladder retraining program.	2	1.5	2.7	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	100	74.6	42.9	37.7	
Completely bedfast residents.	8	6.0	3.8	3.4	
Residents confined to chairs.	93	69.4	58.6	50.8	
Residents requiring restraints.	75	56.0	45.3	41.3	
Confused or disoriented residents.	61	45.5	60.6	58.4	
Residents with bed sores.	6	4.5	8.8	7.1	
Residents receiving special skin care.	33	24.6	29.7	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BEL TOOREN VILLA CONVALESCENT HOSPITAL

Street Address:		City and State:	
16910 WOODRUFF AVENUE		BELLFLOWER CA 90706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
92	4	63			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		53	57.6	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		73	79.3	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		74	80.4	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		80	87.0	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		72	78.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.		1	1.1	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		44	47.8	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		81	88.0	58.6	50.8
Residents requiring restraints.		73	79.3	45.3	41.3
Confused or disoriented residents.		51	55.4	60.6	58.4
Residents with bed sores.		2	2.2	8.8	7.1
Residents receiving special skin care.		12	13.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	27	2.2	201	2.1
MET	147	12.2	518	5.5
MET	26	2.2	168	1.8
MET	74	6.2	806	8.5
NOT MET	314	26.1	1618	17.1
MET	4	0.3	36	0.4
MET	120	10.0	205	2.2
MET	4	0.3	30	0.3
MET	12	1.0	145	1.5
MET	16	1.3	49	0.5
MET	47	3.9	508	5.4
NOT MET	667	55.5	2816	29.8
MET	401	33.4	1733	18.3
MET	215	17.9	1052	11.1
MET	257	21.4	1512	16.0
NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELLFLOWER CONVALESCENT HOSPITAL

Street Address:		City and State:	
9710 E ARTESIA BOULEVARD		BELLFLOWER CA 90706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	PROPRIETARY	01/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	1	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	57	98.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	86.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	89.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	89.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	48.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	37.9	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	40	69.0	58.6	50.8
Residents requiring restraints.	22	37.9	45.3	41.3
Confused or disoriented residents.	38	65.5	60.6	58.4
Residents with bed sores.	3	5.2	8.8	7.1
Residents receiving special skin care.	26	44.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSE VILLA CARE CENTER

Street Address:		City and State:	
9028 ROSE STREET		BELLFLOWER CA 90706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	53	NON-PROFIT PRIVATE	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	90.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	70.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	76.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	62.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	70.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	28.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	23	46.0	58.6	50.8
Residents requiring restraints.	24	48.0	45.3	41.3
Confused or disoriented residents.	27	54.0	60.6	58.4
Residents with bed sores.	1	2.0	8.8	7.1
Residents receiving special skin care.	5	10.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODRUFF CONVALESCENT CENTER

Street Address:		City and State:	
17836 S WOODRUFF AVENUE		BELLFLOWER CA 90706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	140	PROPRIETARY	04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
135	15	87	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	135	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	123	91.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	91.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	72.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	34.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	27.4	42.9	37.7
Completely bedfast residents.	2	1.5	3.8	3.4
Residents confined to chairs.	68	50.4	58.6	50.8
Residents requiring restraints.	22	16.3	45.3	41.3
Confused or disoriented residents.	37	27.4	60.6	58.4
Residents with bed sores.	13	9.6	8.8	7.1
Residents receiving special skin care.	3	2.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALTA BATES HOSPITAL

Street Address:		City and State:	
3001 COLBY ST		BERKELEY CA 94705	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	30	NON-PROFIT PRIVATE	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
22	22	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	54.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	95.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	86.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	63.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	54.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	9.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	31.8	42.9	37.7
Completely bedfast residents.	2	9.1	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	5	22.7	45.3	41.3
Confused or disoriented residents.	7	31.8	60.6	58.4
Residents with bed sores.	1	4.5	8.8	7.1
Residents receiving special skin care.	8	36.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ASHBY GERIATRIC HOSP

Street Address: 2270 ASHBY AVE		City and State: BERKELEY CA 94705	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 31	Type of Ownership: PROPRIETARY	Survey Date: 07/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 21	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	93.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	96.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	96.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	40.0	42.9	37.7
Completely bedfast residents.	1	3.3	3.8	3.4
Residents confined to chairs.	29	96.7	58.6	50.8
Residents requiring restraints.	25	83.3	45.3	41.3
Confused or disoriented residents.	26	86.7	60.6	58.4
Residents with bed sores.	1	3.3	8.8	7.1
Residents receiving special skin care.	5	16.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BERKELEY PINES CONVALESCENT HOSP

Street Address:		City and State:	
2223 ASHBY AVE		BERKELEY CA 94705	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	36	NON-PROFIT OTHER	06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	1	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	17.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	82.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	85.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	70.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	41.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	21	61.8	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	10	29.4	60.6	58.4
Residents with bed sores.	2	5.9	8.8	7.1
Residents receiving special skin care.	15	44.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHAPARRAL HOUSE

Street Address:		City and State:	
1309 ALLSTON WAY		BERKELEY CA 94702	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	NON-PROFIT PRIVATE	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	9	18.8	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	54.2	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	43.8	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	75.0	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	4.2	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	7	14.6	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	7	14.6	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLAREMONT CONVALESCENT HOSPITAL

Street Address:		City and State:	
2500 ASHBY AVENUE		BERKELEY CA 94705	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	36	NON-PROFIT PRIVATE	03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	83.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	91.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	69.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	5.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	50.0	42.9	37.7
Completely bedfast residents.	1	2.8	3.8	3.4
Residents confined to chairs.	23	63.9	58.6	50.8
Residents requiring restraints.	9	25.0	45.3	41.3
Confused or disoriented residents.	33	91.7	60.6	58.4
Residents with bed sores.	6	16.7	8.8	7.1
Residents receiving special skin care.	36	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELMWOOD CONVALESCENT HOSPITAL

Street Address: 2829 SHATTUCK AVENUE		City and State: BERKELEY CA 94705	
Participation: MEDICARE SNF	# of Beds: 81	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	51	66.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	92.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	81.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	83.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	45.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	60	77.9	58.6	50.8
Residents requiring restraints.	67	87.0	45.3	41.3
Confused or disoriented residents.	60	77.9	60.6	58.4
Residents with bed sores.	5	6.5	8.8	7.1
Residents receiving special skin care.	24	31.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KYAKAMEENA SANATORIUM 2

Street Address: 2131 CARLETON ST		City and State: BERKELEY CA 94704	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 04/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	Medicare Residents: 3	Medicaid Residents: 14	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	88.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	86.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	50	94.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	83.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	83.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	43.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	28	52.8	58.6	50.8
Residents requiring restraints.	20	37.7	45.3	41.3
Confused or disoriented residents.	50	94.3	60.6	58.4
Residents with bed sores.	6	11.3	8.8	7.1
Residents receiving special skin care.	3	5.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	27	2.2	201	2.1
MET	147	12.2	518	5.5
MET	26	2.2	168	1.8
MET	74	6.2	806	8.5
MET	314	26.1	1618	17.1
MET	4	0.3	36	0.4
MET	120	10.0	205	2.2
MET	4	0.3	30	0.3
MET	12	1.0	145	1.5
MET	16	1.3	49	0.5
MET	47	3.9	508	5.4
MET	667	55.5	2816	29.8
MET	401	33.4	1733	18.3
MET	215	17.9	1052	11.1
MET	257	21.4	1512	16.0
NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BIG PINE CONV HOSP

Street Address: COUNTY RD		City and State: BIG PINE CA 93513	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 45	Type of Ownership: PROPRIETARY	Survey Date: 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	Medicare Residents: 0	Medicaid Residents: 33
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	45	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	82.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	82.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	60.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	75.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	53.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	23	51.1	58.6	50.8
Residents requiring restraints.	30	66.7	45.3	41.3
Confused or disoriented residents.	32	71.1	60.6	58.4
Residents with bed sores.	8	17.8	8.8	7.1
Residents receiving special skin care.	18	40.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLORADO RIVER CARE CENTER

Street Address: 285 W CHANSLOR WAY		City and State: BLYTHE CA 92225	
Participation: MEDICAID SNF	# of Beds: 50	Type of Ownership: PROPRIETARY	Survey Date: 04/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47		Medicare Residents: 0		Medicaid Residents: 35			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				43	91.5	83.8	81.5
Dressing							
Residents requiring some or total assistance in dressing.				35	74.5	87.4	83.2
Toileting							
Residents requiring some or total assistance in toileting.				35	74.5	80.6	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				33	70.2	79.4	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				28	59.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	2.7	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				15	31.9	42.9	37.7
Completely bedfast residents.				0	0.0	3.8	3.4
Residents confined to chairs.				37	78.7	58.6	50.8
Residents requiring restraints.				17	36.2	45.3	41.3
Confused or disoriented residents.				47	100	60.6	58.4
Residents with bed sores.				24	51.1	8.8	7.1
Residents receiving special skin care.				5	10.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROYAL CONV HOSP

Street Address: 320 CATTLE CALL DR		City and State: BRAWLEY CA 92227	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 0	Medicaid Residents: 83
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	78	82.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	80	84.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	71	74.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	75.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	68.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	58.9	42.9	37.7
Completely bedfast residents.	4	4.2	3.8	3.4
Residents confined to chairs.	67	70.5	58.6	50.8
Residents requiring restraints.	66	69.5	45.3	41.3
Confused or disoriented residents.	91	95.8	60.6	58.4
Residents with bed sores.	18	18.9	8.8	7.1
Residents receiving special skin care.	18	18.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONO GENERAL HOSPITAL

Street Address:		City and State:	
TWIN LAKES RD, P.O. BX 536		BRIDGEPORT CA 93517	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	25	LOCAL GOVERNMENT	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
5	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	60.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	3	60.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	40.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	40.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	40.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	40.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	20.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	40.0	58.6	50.8
Residents requiring restraints.	2	40.0	45.3	41.3
Confused or disoriented residents.	3	60.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	40.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FARMDALE CONV HOSP

Street Address:		City and State:	
8520 WESTERN AVENUE		BUENA PARK CA 90620	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	143	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	6	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	123	91.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	89.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	82.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	90.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	86.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	49.3	42.9	37.7
Completely bedfast residents.	7	5.2	3.8	3.4
Residents confined to chairs.	99	73.9	58.6	50.8
Residents requiring restraints.	83	61.9	45.3	41.3
Confused or disoriented residents.	76	56.7	60.6	58.4
Residents with bed sores.	22	16.4	8.8	7.1
Residents receiving special skin care.	61	45.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ORANGE WEST CONV HOSP

Street Address:		City and State:	
9021 KNOTT AVE		BUENA PARK CA 90620	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
93	2	69	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	97.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	91.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	75.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	81.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	47.3	42.9	37.7
Completely bedfast residents.	7	7.5	3.8	3.4
Residents confined to chairs.	72	77.4	58.6	50.8
Residents requiring restraints.	38	40.9	45.3	41.3
Confused or disoriented residents.	36	38.7	60.6	58.4
Residents with bed sores.	8	8.6	8.8	7.1
Residents receiving special skin care.	26	28.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address:		City and State:	
1041 S MAIN STREET		BURBANK CA 91506	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	188	PROPRIETARY	04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
180	5	129	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	173	96.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	171	95.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	156	86.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	86.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	126	70.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	43.3	42.9	37.7
Completely bedfast residents.	3	1.7	3.8	3.4
Residents confined to chairs.	104	57.8	58.6	50.8
Residents requiring restraints.	125	69.4	45.3	41.3
Confused or disoriented residents.	141	78.3	60.6	58.4
Residents with bed sores.	18	10.0	8.8	7.1
Residents receiving special skin care.	51	28.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Infection isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR SANITARIUM

Street Address:		City and State:	
925 WEST ALAMEDA AVE		BURBANK CA 91506	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	89	PROPRIETARY	11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
87	0	71		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	65.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	59.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	3.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	50.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	34.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	2.3	58.6	50.8
Residents requiring restraints.	8	9.2	45.3	41.3
Confused or disoriented residents.	87	100	60.6	58.4
Residents with bed sores.	1	1.1	8.8	7.1
Residents receiving special skin care.	8	9.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BURBANK CONV. HOSP.

Street Address:		City and State:	
2710 W OLIVE AVE		BURBANK CA 91505	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	54	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	49	96.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	94.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	98.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	94.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	88.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	33.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	43	84.3	58.6	50.8
Residents requiring restraints.	25	49.0	45.3	41.3
Confused or disoriented residents.	21	41.2	60.6	58.4
Residents with bed sores.	4	7.8	8.8	7.1
Residents receiving special skin care.	15	29.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ESTHER PARISEAU PAVILION

Street Address:		City and State:	
2727 W ALAMEDA AVE		BURBANK CA 91505	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	149	NON-PROFIT RELIGIOUS	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
136	33	70			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		120	88.2	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		134	98.5	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		131	96.3	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		131	96.3	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		118	86.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.		1	0.7	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		90	66.2	42.9	37.7
Completely bedfast residents.		33	24.3	3.8	3.4
Residents confined to chairs.		74	54.4	58.6	50.8
Residents requiring restraints.		44	32.4	45.3	41.3
Confused or disoriented residents.		81	59.6	60.6	58.4
Residents with bed sores.		39	28.7	8.8	7.1
Residents receiving special skin care.		54	39.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE WEST- BURLINGAME

Street Address:		City and State:	
1100 TROUSDALE DR		BURLINGAME CA 94010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	281	PROPRIETARY	10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
269	6	229

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	266	98.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	237	88.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	230	85.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	228	84.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	210	78.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	7	2.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	105	39.0	42.9	37.7
Completely bedfast residents.	5	1.9	3.8	3.4
Residents confined to chairs.	57	21.2	58.6	50.8
Residents requiring restraints.	112	41.6	45.3	41.3
Confused or disoriented residents.	186	69.1	60.6	58.4
Residents with bed sores.	18	6.7	8.8	7.1
Residents receiving special skin care.	37	13.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN-BURLINGTON

Street Address: 1609 TROUSDALE DR		City and State: BURLINGAME CA 94010	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 85	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 1	Medicaid Residents: 23	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	83.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	97.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	71.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	71.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	71.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	21.2	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	32	40.0	58.6	50.8
Residents requiring restraints.	35	43.8	45.3	41.3
Confused or disoriented residents.	12	15.0	60.6	58.4
Residents with bed sores.	6	7.5	8.8	7.1
Residents receiving special skin care.	12	15.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE WEST-CALISTOGA NURS & REHAB CTR

Street Address:		City and State:	
1715 WASHINGTON ST		CALISTOGA CA 94515	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	72	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	2	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	88.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	77.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	71.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	59.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	62.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	25.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	22	32.8	58.6	50.8
Residents requiring restraints.	24	35.8	45.3	41.3
Confused or disoriented residents.	43	64.2	60.6	58.4
Residents with bed sores.	6	9.0	8.8	7.1
Residents receiving special skin care.	20	29.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAMARILLO CONVALESCENT HOSPITAL

Street Address: 205 GRANADA ST		City and State: CAMARILLO CA 93010	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 114	Type of Ownership: PROPRIETARY	Survey Date: 05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 2	Medicaid Residents: 9
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	91.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	76	96.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	88.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	88.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	82.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	39.2	42.9	37.7
Completely bedfast residents.	4	5.1	3.8	3.4
Residents confined to chairs.	26	32.9	58.6	50.8
Residents requiring restraints.	33	41.8	45.3	41.3
Confused or disoriented residents.	39	49.4	60.6	58.4
Residents with bed sores.	9	11.4	8.8	7.1
Residents receiving special skin care.	22	27.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT VALLEY EXTENDED CARE HOSPITAL

Street Address:		City and State:	
2309 ANTONIO AVENUE		CAMARILLO CA 93010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	95	NON-PROFIT PRIVATE	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	3	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	95.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	89.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	89.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	75.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	63.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	37.6	42.9	37.7
Completely bedfast residents.	2	2.2	3.8	3.4
Residents confined to chairs.	68	73.1	58.6	50.8
Residents requiring restraints.	39	41.9	45.3	41.3
Confused or disoriented residents.	63	67.7	60.6	58.4
Residents with bed sores.	6	6.5	8.8	7.1
Residents receiving special skin care.	49	52.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAMDEN CONVALESCENT HOSPITAL

Street Address: 1331 CAMDEN AVENUE		City and State: CAMPBELL CA 95008	
Participation: MEDICAID SNF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 45
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	89.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	98.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	93.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	86.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	82.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	41.4	42.9	37.7
Completely bedfast residents.	2	3.4	3.8	3.4
Residents confined to chairs.	32	55.2	58.6	50.8
Residents requiring restraints.	30	51.7	45.3	41.3
Confused or disoriented residents.	41	70.7	60.6	58.4
Residents with bed sores.	4	6.9	8.8	7.1
Residents receiving special skin care.	11	19.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSECARE CONVALESCENT HOSPITAL

Street Address:		City and State:	
238 VIRGINIA AVE		CAMPBELL CA 95008	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	45	PROPRIETARY	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
45	0	20		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	88.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	86.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	82.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	88.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	48.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	27	60.0	58.6	50.8
Residents requiring restraints.	32	71.1	45.3	41.3
Confused or disoriented residents.	40	88.9	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	45	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address:		City and State:	
7940 TOPANGA CANYON BOULEVARD		CANOGA PARK CA 91304	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	149	PROPRIETARY	06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
132	7	98	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	99.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	129	97.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	126	95.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	94.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	81.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	40.9	42.9	37.7
Completely bedfast residents.	11	8.3	3.8	3.4
Residents confined to chairs.	116	87.9	58.6	50.8
Residents requiring restraints.	12	9.1	45.3	41.3
Confused or disoriented residents.	96	72.7	60.6	58.4
Residents with bed sores.	20	15.2	8.8	7.1
Residents receiving special skin care.	20	15.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANOGA CARE CENTER INC

Street Address: 22029 SATICOY STREET		City and State: CANOGA PARK CA 91304	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
193	15	138			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		185	95.9	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		188	97.4	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		188	97.4	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		188	97.4	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		188	97.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		76	39.4	42.9	37.7
Completely bedfast residents.		10	5.2	3.8	3.4
Residents confined to chairs.		154	79.8	58.6	50.8
Residents requiring restraints.		74	38.3	45.3	41.3
Confused or disoriented residents.		120	62.2	60.6	58.4
Residents with bed sores.		31	16.1	8.8	7.1
Residents receiving special skin care.		100	51.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN STATE WEST VALLEY CONV HOSP

Street Address: 7057 SHOUP AVENUE		City and State: CANOGA PARK CA 91307	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	Medicare Residents: 2	Medicaid Residents: 67	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	92.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	86.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	83.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	81.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	76.3	42.9	37.7
Completely bedfast residents.	13	14.0	3.8	3.4
Residents confined to chairs.	69	74.2	58.6	50.8
Residents requiring restraints.	59	63.4	45.3	41.3
Confused or disoriented residents.	59	63.4	60.6	58.4
Residents with bed sores.	11	11.8	8.8	7.1
Residents receiving special skin care.	28	30.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLIDAY MANOR NURSTIARIUM

Street Address: 20554 ROSCOE BLVD		City and State: CANOGA PARK CA 91306	
Participation: MEDICAID SNF	# of Beds: 94	Type of Ownership: PROPRIETARY	Survey Date: 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 0	Medicaid Residents: 32			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		86	97.7	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		87	98.9	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		85	96.6	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		22	25.0	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		85	96.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.		2	2.3	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		32	36.4	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		15	17.0	58.6	50.8
Residents requiring restraints.		15	17.0	45.3	41.3
Confused or disoriented residents.		88	100	60.6	58.4
Residents with bed sores.		0	0.0	8.8	7.1
Residents receiving special skin care.		13	14.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

TOPANGA TERRACE CONVALESCENT CENTER

Street Address:		City and State:	
22125 ROSCOE BOULEVARD		CANOGA PARK CA 91304	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	112	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
91		3		66	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		89	97.8	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		87	95.6	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		87	95.6	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		88	96.7	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		88	96.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	20.9	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		59	64.8	58.6	50.8
Residents requiring restraints.		61	67.0	45.3	41.3
Confused or disoriented residents.		72	79.1	60.6	58.4
Residents with bed sores.		10	11.0	8.8	7.1
Residents receiving special skin care.		78	85.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 35410 DEL REY		City and State: CAPISTRANO BEACH CA 92624	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 127	Type of Ownership: PROPRIETARY	Survey Date: 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 80	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing Residents requiring some or total assistance in bathing.	118	98.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	115	95.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	113	94.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	95.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	110	91.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	57.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	108	90.0	58.6	50.8
Residents requiring restraints.	69	57.5	45.3	41.3
Confused or disoriented residents.	113	94.2	60.6	58.4
Residents with bed sores.	6	5.0	8.8	7.1
Residents receiving special skin care.	23	19.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN AGE CONV HOSP

Street Address:		City and State:	
523 BURLINGAME AVE		CAPITOLA CA 95010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	40	PROPRIETARY	01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	97.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	84.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	89.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	87.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	7.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	48.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	32	82.1	58.6	50.8
Residents requiring restraints.	24	61.5	45.3	41.3
Confused or disoriented residents.	39	100	60.6	58.4
Residents with bed sores.	6	15.4	8.8	7.1
Residents receiving special skin care.	9	23.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSSCARE CONV HOSPITAL

Street Address:		City and State:	
1935 WHARF ROAD		CAPITOLA CA 95010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	93.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	96.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	96.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	85.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	93.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	12.2	42.9	37.7
Completely bedfast residents.	2	2.2	3.8	3.4
Residents confined to chairs.	18	20.0	58.6	50.8
Residents requiring restraints.	54	60.0	45.3	41.3
Confused or disoriented residents.	76	84.4	60.6	58.4
Residents with bed sores.	5	5.6	8.8	7.1
Residents receiving special skin care.	24	26.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN HLTH FAC OF CARLSBAD

Street Address: 201 GRAND AVE		City and State: CARLSBAD CA 92008	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 59	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 12
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	81.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	91.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	89.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	89.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	86.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	39.7	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	45	77.6	58.6	50.8
Residents requiring restraints.	33	56.9	45.3	41.3
Confused or disoriented residents.	27	46.6	60.6	58.4
Residents with bed sores.	6	10.3	8.8	7.1
Residents receiving special skin care.	2	3.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARMEL CONVALESCENT HOSPITAL

Street Address:		City and State:	
HIGHWAY 1 AND VALLEY WAY		CARMEL CA 93921	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	65	PROPRIETARY	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
54	1	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	98.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	98.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	96.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	90.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	87.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	38.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	41	75.9	58.6	50.8
Residents requiring restraints.	40	74.1	45.3	41.3
Confused or disoriented residents.	41	75.9	60.6	58.4
Residents with bed sores.	4	7.4	8.8	7.1
Residents receiving special skin care.	10	18.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARMEL VALLEY MANOR MED CTR

Street Address:		City and State:	
8545 CARMEL VALLEY RD		CARMEL CA 93923	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	28	NON-PROFIT RELIGIOUS	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
23	0	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	56.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	91.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	56.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	78.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	56.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	4.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	43.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	10	43.5	58.6	50.8
Residents requiring restraints.	15	65.2	45.3	41.3
Confused or disoriented residents.	18	78.3	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	8.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOSPICE INPATIENT FACILITY

Street Address: 8900 CARMEL VALLEY RD		City and State: CARMEL CA 93923	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 6	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2		Medicare Residents: 2		Medicaid Residents: 0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		2	100	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		2	100	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		2	100	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		2	100	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		2	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		2	100	42.9	37.7
Completely bedfast residents.		1	50.0	3.8	3.4
Residents confined to chairs.		1	50.0	58.6	50.8
Residents requiring restraints.		1	50.0	45.3	41.3
Confused or disoriented residents.		1	50.0	60.6	58.4
Residents with bed sores.		2	100	8.8	7.1
Residents receiving special skin care.		2	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARMICHAEL CONVALESCENT HOSPITAL

Street Address:		City and State:	
8336 FAIR OAKS BOULEVARD		CARMICHAEL CA 95608	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	126	PROPRIETARY	04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
108	1	49		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	92.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	92.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	90.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	93.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	84.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	31.5	42.9	37.7
Completely bedfast residents.	10	9.3	3.8	3.4
Residents confined to chairs.	70	64.8	58.6	50.8
Residents requiring restraints.	90	83.3	45.3	41.3
Confused or disoriented residents.	68	63.0	60.6	58.4
Residents with bed sores.	16	14.8	8.8	7.1
Residents receiving special skin care.	38	35.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EL CAMINO CONV HOSP

Street Address:		City and State:	
2540 CARMICHAEL WAY		CARMICHAEL CA 95608	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	178	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
170	3	120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	165	97.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	166	97.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	163	95.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	163	95.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	135	79.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	32.9	42.9	37.7
Completely bedfast residents.	9	5.3	3.8	3.4
Residents confined to chairs.	135	79.4	58.6	50.8
Residents requiring restraints.	147	86.5	45.3	41.3
Confused or disoriented residents.	147	86.5	60.6	58.4
Residents with bed sores.	14	8.2	8.8	7.1
Residents receiving special skin care.	170	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ESKATON AMERICAN RIVER MANOR

Street Address: 4741 ENGLE ROAD		City and State: CARMICHAEL CA 95608	
Participation: MEDICAID SNF	# of Beds: 80	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 0	Medicaid Residents: 76
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	81.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	10	12.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	6.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	6.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	2	2.5	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	3	3.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ESKATON MANZANITA MANOR

Street Address:		City and State:	
5318 MANZANITA AVE		CARMICHAEL CA 95608	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	NON-PROFIT PRIVATE	04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
96	7	31	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	84	87.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	91.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	89.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	91.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	71.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	38.5	42.9	37.7
Completely bedfast residents.	4	4.2	3.8	3.4
Residents confined to chairs.	62	64.6	58.6	50.8
Residents requiring restraints.	82	85.4	45.3	41.3
Confused or disoriented residents.	70	72.9	60.6	58.4
Residents with bed sores.	10	10.4	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIR OAKS HEALTHCARE CENTER

Street Address:		City and State:	
8845 FAIR OAKS BLVD		CARMICHAEL CA 95608	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	106	PROPRIETARY	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
93	4	26	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	96.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	89.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	87.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	81.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	82.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	64.5	42.9	37.7
Completely bedfast residents.	4	4.3	3.8	3.4
Residents confined to chairs.	46	49.5	58.6	50.8
Residents requiring restraints.	30	32.3	45.3	41.3
Confused or disoriented residents.	80	86.0	60.6	58.4
Residents with bed sores.	8	8.6	8.8	7.1
Residents receiving special skin care.	9	9.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNT OLIVETTE CONVALESCENT HOSPITAL

Street Address:		City and State:	
6041 FAIR OAKS BLVD		CARMICHAEL CA 95608	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	112	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
108	1	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	84	77.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	90.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	52.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	92.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	74.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	39.8	42.9	37.7
Completely bedfast residents.	5	4.6	3.8	3.4
Residents confined to chairs.	63	58.3	58.6	50.8
Residents requiring restraints.	68	63.0	45.3	41.3
Confused or disoriented residents.	76	70.4	60.6	58.4
Residents with bed sores.	10	9.3	8.8	7.1
Residents receiving special skin care.	50	46.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNTAIN MANOR

Street Address:		City and State:	
6101 FAIR OAKS BLVD		CARMICHAEL CA 95608	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	47	PROPRIETARY	11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
45		0		30	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		19	42.2	57.7	78.3
Dressing					
Residents requiring some or total assistance in dressing.		8	17.8	35.6	76.7
Toileting					
Residents requiring some or total assistance in toileting.		7	15.6	12.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		45	100	14.9	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		45	100	13.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.0	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		0	0.0	4.1	29.3
Completely bedfast residents.		0	0.0	0.2	3.6
Residents confined to chairs.		6	13.3	4.2	39.1
Residents requiring restraints.		0	0.0	1.4	31.7
Confused or disoriented residents.		16	35.6	23.8	55.8
Residents with bed sores.		0	0.0	0.5	4.7
Residents receiving special skin care.		1	2.2	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUTTER OAKS NURSING CENTER-CARMICHAEL

Street Address:		City and State:	
3630 MISSION AVE		CARMICHAEL CA 95608	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	138	NON-PROFIT PRIVATE	08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
135	1	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	90	66.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	135	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	83.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	93.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	80.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	26.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	96	71.1	58.6	50.8
Residents requiring restraints.	95	70.4	45.3	41.3
Confused or disoriented residents.	71	52.6	60.6	58.4
Residents with bed sores.	3	2.2	8.8	7.1
Residents receiving special skin care.	42	31.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALNUT WHITNEY CONVALESCENT HOSPITAL

Street Address: 3537 WALNUT AVE		City and State: CARMICHAEL CA 95608	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 126	Type of Ownership: PROPRIETARY	Survey Date: 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1		Medicare Residents: 0		Medicaid Residents: 0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		1	100	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		1	100	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		1	100	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		1	100	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		1	100	42.9	37.7
Completely bedfast residents.		1	100	3.8	3.4
Residents confined to chairs.		0	0.0	58.6	50.8
Residents requiring restraints.		0	0.0	45.3	41.3
Confused or disoriented residents.		1	100	60.6	58.4
Residents with bed sores.		0	0.0	8.8	7.1
Residents receiving special skin care.		0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APPLE ARBOR INN HLTH CTR

Street Address:		City and State:	
20524 WISTERIA STREET		CASTRO VALLEY CA 94546	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	25	NON-PROFIT OTHER	10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
22	0	22			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	22	100	83.8	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	22	100	87.4	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	17	77.3	80.6	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	77.3	79.4	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	19	86.4	73.0	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	14	63.6	42.9	37.7	
Completely bedfast residents.	1	4.5	3.8	3.4	
Residents confined to chairs.	9	40.9	58.6	50.8	
Residents requiring restraints.	15	68.2	45.3	41.3	
Confused or disoriented residents.	22	100	60.6	58.4	
Residents with bed sores.	1	4.5	8.8	7.1	
Residents receiving special skin care.	10	45.5	29.7	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN CONV HOSP

Street Address:		City and State:	
20259 LAKE CHABOT RD		CASTRO VALLEY CA 94546	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	95	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
77	5	52		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	89.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	89.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	87.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	87.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	63.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	24.7	42.9	37.7
Completely bedfast residents.	1	1.3	3.8	3.4
Residents confined to chairs.	48	62.3	58.6	50.8
Residents requiring restraints.	25	32.5	45.3	41.3
Confused or disoriented residents.	55	71.4	60.6	58.4
Residents with bed sores.	8	10.4	8.8	7.1
Residents receiving special skin care.	42	54.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REDWOOD CONV HOSP

Street Address:		City and State:	
22103 REDWOOD RD		CASTRO VALLEY CA 94546	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	70	PROPRIETARY	11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
68	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	64.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	83.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	88.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	80.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	85.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	36.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	52	76.5	58.6	50.8
Residents requiring restraints.	38	55.9	45.3	41.3
Confused or disoriented residents.	51	75.0	60.6	58.4
Residents with bed sores.	1	1.5	8.8	7.1
Residents receiving special skin care.	24	35.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Indicator: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Indicator: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOHN OF KRONSTADT CONV HOSP

Street Address:		City and State:	
4432 JAMES AVENUE		CASTRO VALLEY CA 94546	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	49	NON-PROFIT RELIGIOUS	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
48	0	48		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	91.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	95.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	91.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	91.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	93.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	91.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	44	91.7	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	5	10.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPH CONV HOSP

Street Address:		City and State:	
18949 REDWOOD RD		CASTRO VALLEY CA 94546	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	82	PROPRIETARY	01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
66	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	100	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	30.3	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	4	6.1	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	3.0	14.9	66.0
Incontinence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	3.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	5	7.6	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	0	0.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	1	1.5	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STANTON HILL CONVALESCENT HOSP INC

Street Address:		City and State:	
20090 STANTON AVE		CASTRO VALLEY CA 94546	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	50	PROPRIETARY	01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
49	1	31		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	87.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	87.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	87.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	93.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	32.7	42.9	37.7
Completely bedfast residents.	1	2.0	3.8	3.4
Residents confined to chairs.	29	59.2	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	42	85.7	60.6	58.4
Residents with bed sores.	1	2.0	8.8	7.1
Residents receiving special skin care.	46	93.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SURPRISE VALLEY DIST DP SNF

Street Address:		City and State:	
MAIN & WASHINGTON		CEDARVILLE CA 96104	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	15	LOCAL GOVERNMENT	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
15	0	10	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	13	86.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	11	73.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	10	66.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	93.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	60.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	33.3	42.9	37.7
Completely bedfast residents.	1	6.7	3.8	3.4
Residents confined to chairs.	7	46.7	58.6	50.8
Residents requiring restraints.	3	20.0	45.3	41.3
Confused or disoriented residents.	3	20.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALE ALOHA

Street Address: 1711 RICHLAND AVE		City and State: CERES CA 95307	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 46	Type of Ownership: PROPRIETARY	Survey Date: 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	Medicare Residents: 0	Medicaid Residents: 0	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEMORIAL HOSPITAL SNF

Street Address:		City and State:	
1905 MEMORIAL DRIVE		CERES CA 95307	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	48	NON-PROFIT PRIVATE	05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
39	19	17			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		21	53.8	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		39	100	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		39	100	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		28	71.8	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		29	74.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.		2	5.1	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	53.8	42.9	37.7
Completely bedfast residents.		7	17.9	3.8	3.4
Residents confined to chairs.		12	30.8	58.6	50.8
Residents requiring restraints.		15	38.5	45.3	41.3
Confused or disoriented residents.		7	17.9	60.6	58.4
Residents with bed sores.		11	28.2	8.8	7.1
Residents receiving special skin care.		39	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHATSWORTH HEALTH & REHAB CTR.

Street Address:		City and State:	
21820 CRAGGY VIEW DRIVE		CHATSWORTH CA 91311	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	132	NON-PROFIT PRIVATE	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
127	0	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	8.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	11	8.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	6	4.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	0.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	4.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	8.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	11	8.7	60.6	58.4
Residents with bed sores.	1	0.8	8.8	7.1
Residents receiving special skin care.	6	4.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHATSWORTH PARK CONVALESCENT HOSPITAL

Street Address:		City and State:	
10610 OWENSMOUTH AVENUE		CHATSWORTH CA 91311	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	128	PROPRIETARY	05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
124	0	95		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	41.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	56.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	97.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	62.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	74.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	39.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	82	66.1	58.6	50.8
Residents requiring restraints.	57	46.0	45.3	41.3
Confused or disoriented residents.	62	50.0	60.6	58.4
Residents with bed sores.	5	4.0	8.8	7.1
Residents receiving special skin care.	57	46.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET HAVEN CONV HOSP

Street Address:		City and State:	
9246 AVENIDA MIRA VILLA		CHERRY VALLEY CA 92223	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	59	NON-PROFIT RELIGIOUS	09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
59	0	52		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	96.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	86.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	84.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	88.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	83.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	35.6	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	56	94.9	58.6	50.8
Residents requiring restraints.	51	86.4	45.3	41.3
Confused or disoriented residents.	56	94.9	60.6	58.4
Residents with bed sores.	4	6.8	8.8	7.1
Residents receiving special skin care.	4	6.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SENECA DISTRICT HOSPITAL - SNF

Street Address: PO BOX 737-BRENTWOOD DR		City and State: CHESTER CA 96020	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 14	Type of Ownership: FEDERAL GOVERNMENT	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12		Medicare Residents: 0		Medicaid Residents: 0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		12	100	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		8	66.7	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		8	66.7	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		12	100	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		4	33.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		3	25.0	42.9	37.7
Completely bedfast residents.		1	8.3	3.8	3.4
Residents confined to chairs.		4	33.3	58.6	50.8
Residents requiring restraints.		1	8.3	45.3	41.3
Confused or disoriented residents.		3	25.0	60.6	58.4
Residents with bed sores.		0	0.0	8.8	7.1
Residents receiving special skin care.		2	16.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 188 COHASSET LANE		City and State: CHICO CA 95926	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 76	Type of Ownership: PROPRIETARY	Survey Date: 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	95.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	94.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	93.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	93.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	63.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	28.2	42.9	37.7
Completely bedfast residents.	8	11.3	3.8	3.4
Residents confined to chairs.	54	76.1	58.6	50.8
Residents requiring restraints.	14	19.7	45.3	41.3
Confused or disoriented residents.	56	78.9	60.6	58.4
Residents with bed sores.	1	1.4	8.8	7.1
Residents receiving special skin care.	8	11.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE WEST-NORTH VALLEY NUR CTR

Street Address:		City and State:	
1645 ESPLANADE		CHICO CA 95926	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	PROPRIETARY	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	4	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	93.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	93.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	98.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	98.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	87.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	44.9	42.9	37.7
Completely bedfast residents.	2	4.1	3.8	3.4
Residents confined to chairs.	23	46.9	58.6	50.8
Residents requiring restraints.	24	49.0	45.3	41.3
Confused or disoriented residents.	25	51.0	60.6	58.4
Residents with bed sores.	6	12.2	8.8	7.1
Residents receiving special skin care.	15	30.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAREAGE OF CHICO

Street Address:		City and State:	
1200 SPRINGFIELD DR		CHICO CA 95928	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	144	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
7	0	1		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	7	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	7	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	85.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	57.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	3	42.9	58.6	50.8
Residents requiring restraints.	4	57.1	45.3	41.3
Confused or disoriented residents.	6	85.7	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTWOOD CONVALESCENT HOSPITAL

Street Address:		City and State:	
587 RIO LINDO AVE		CHICO CA 95926	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	184	PROPRIETARY	05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
176	11	128	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	171	97.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	168	95.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	149	84.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	89.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	120	68.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	76	43.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	86	48.9	58.6	50.8
Residents requiring restraints.	99	56.3	45.3	41.3
Confused or disoriented residents.	130	73.9	60.6	58.4
Residents with bed sores.	12	6.8	8.8	7.1
Residents receiving special skin care.	14	8.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERSIDE CONV HOSP

Street Address: 375 COHASSET RD		City and State: CHICO CA 95926	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 70	Type of Ownership: PROPRIETARY	Survey Date: 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 0	Medicaid Residents: 44	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	92.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	94.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	88.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	88.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	85.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	44.8	42.9	37.7
Completely bedfast residents.	2	3.0	3.8	3.4
Residents confined to chairs.	50	74.6	58.6	50.8
Residents requiring restraints.	40	59.7	45.3	41.3
Confused or disoriented residents.	58	86.6	60.6	58.4
Residents with bed sores.	10	14.9	8.8	7.1
Residents receiving special skin care.	13	19.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHOWCHILLA CONV HOSP

Street Address:		City and State:	
1010 VENTURA AVE		CHOWCHILLA CA 93610	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	165	PROPRIETARY	11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	100	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	1	100	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLLINGWOOD MANOR

Street Address:		City and State:	
553 F STREET		CHULA VISTA CA 92010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	99	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
87	0	86	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	77.0	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	65	74.7	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	17	19.5	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	81.6	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	31.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	4	4.6	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	3.4	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	14	16.1	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	33	37.9	23.8	55.8
Residents with bed sores.	3	3.4	0.5	4.7
Residents receiving special skin care.	32	36.8	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMMUNITY HOSP OD CHULA VISTA

Street Address:		City and State:	
751 MEDICAL CENTER COURT		CHULA VISTA CA 92010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	229	NON-PROFIT PRIVATE	12/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	7	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	97.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	97.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	95.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	95.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	71.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	26.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	64	66.0	58.6	50.8
Residents requiring restraints.	77	79.4	45.3	41.3
Confused or disoriented residents.	73	75.3	60.6	58.4
Residents with bed sores.	6	6.2	8.8	7.1
Residents receiving special skin care.	32	33.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FREDERICKA CONVALESCENT HOSPITAL

Street Address:		City and State:	
111 THIRD AVENUE		CHULA VISTA CA 92010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	174	NON-PROFIT PRIVATE	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
170	2	55		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	82.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	156	91.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	142	83.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	81.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	143	84.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	92	54.1	42.9	37.7
Completely bedfast residents.	1	0.6	3.8	3.4
Residents confined to chairs.	134	78.8	58.6	50.8
Residents requiring restraints.	97	57.1	45.3	41.3
Confused or disoriented residents.	119	70.0	60.6	58.4
Residents with bed sores.	9	5.3	8.8	7.1
Residents receiving special skin care.	59	34.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ESKATON SUNRISE COMMUNITY

Street Address:		City and State:	
7501 SUNRISE BLVD		CITRUS HEIGHTS CA 95610	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	40	NON-PROFIT OTHER	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	100	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	10	25.0	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	25.0	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	12.5	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	7.5	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	2.5	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	3	7.5	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	20	50.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	3	7.5	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EL ENCANTO CONVALESCENT HOSPITAL

Street Address: 555 SOUTH EL ENCANTO ROAD		City and State: CITY OF INDUSTRY CA 91744	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 248	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	Medicare Residents: 0	Medicaid Residents: 0	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	96.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	94.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	90.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	89.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	83.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	54.2	42.9	37.7
Completely bedfast residents.	4	4.8	3.8	3.4
Residents confined to chairs.	65	78.3	58.6	50.8
Residents requiring restraints.	55	66.3	45.3	41.3
Confused or disoriented residents.	40	48.2	60.6	58.4
Residents with bed sores.	9	10.8	8.8	7.1
Residents receiving special skin care.	37	44.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLAREMONT CONVALESCENT HOSPITAL

Street Address: 650 W HARRISON AVE		City and State: CLAREMONT CA 91711	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 57	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 1	Medicaid Residents: 8
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	87.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	89.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	89.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	87.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	67.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	27.3	42.9	37.7
Completely bedfast residents.	1	1.8	3.8	3.4
Residents confined to chairs.	24	43.6	58.6	50.8
Residents requiring restraints.	26	47.3	45.3	41.3
Confused or disoriented residents.	39	70.9	60.6	58.4
Residents with bed sores.	2	3.6	8.8	7.1
Residents receiving special skin care.	8	14.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN CONVALESCENT HOSPITAL

Street Address:		City and State:	
590 S INDIAN HILL BOULEVARD		CLAREMONT CA 91711	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
92	4	41	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	95.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	85.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	78.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	34.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	52.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	26.1	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	80	87.0	58.6	50.8
Residents requiring restraints.	40	43.5	45.3	41.3
Confused or disoriented residents.	37	40.2	60.6	58.4
Residents with bed sores.	3	3.3	8.8	7.1
Residents receiving special skin care.	19	20.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PILGRIM PLACE HEALTH SERVICES CENTER

Street Address:		City and State:	
721 W HARRISON AVENUE		CLAREMONT CA 91711	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	NON-PROFIT OTHER	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	66.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	92.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	70.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	62.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	68.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	24.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	10	20.0	58.6	50.8
Residents requiring restraints.	26	52.0	45.3	41.3
Confused or disoriented residents.	30	60.0	60.6	58.4
Residents with bed sores.	2	4.0	8.8	7.1
Residents receiving special skin care.	2	4.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE WEST-MANZANITA NURSING CENTER

Street Address: 300 CHERRY CREEK RD		City and State: CLOVERDALE CA 95425	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 72	Type of Ownership: PROPRIETARY	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 4	Medicaid Residents: 44	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	79.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	88.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	92.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	86.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	67.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	35.8	42.9	37.7
Completely bedfast residents.	4	6.0	3.8	3.4
Residents confined to chairs.	37	55.2	58.6	50.8
Residents requiring restraints.	3	4.5	45.3	41.3
Confused or disoriented residents.	57	85.1	60.6	58.4
Residents with bed sores.	3	4.5	8.8	7.1
Residents receiving special skin care.	17	25.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLOVIS CONV HOSP

Street Address:		City and State:	
111 BARSTOW AVE		CLOVIS CA 93612	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	57	NON-PROFIT OTHER	01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	96.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	98.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	93.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	93.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	75.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	47.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	33	57.9	58.6	50.8
Residents requiring restraints.	47	82.5	45.3	41.3
Confused or disoriented residents.	43	75.4	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	3.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLOVIS NURSING HOME

Street Address:		City and State:	
2604 CLOVIS AVENUE		CLOVIS CA 93612	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	89.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	87.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	58.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	51.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	46.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	32.8	42.9	37.7
Completely bedfast residents.	6	10.3	3.8	3.4
Residents confined to chairs.	21	36.2	58.6	50.8
Residents requiring restraints.	15	25.9	45.3	41.3
Confused or disoriented residents.	47	81.0	60.6	58.4
Residents with bed sores.	4	6.9	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COALINGA CONVALESCENT CENTER

Street Address:		City and State:	
834 MAPLE ROAD		COALINGA CA 93210	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	58	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
53		3		34	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		42	79.2	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		47	88.7	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		47	88.7	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		47	88.7	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		39	73.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.		2	3.8	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	26.4	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		42	79.2	58.6	50.8
Residents requiring restraints.		35	66.0	45.3	41.3
Confused or disoriented residents.		34	64.2	60.6	58.4
Residents with bed sores.		3	5.7	8.8	7.1
Residents receiving special skin care.		4	7.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAND TERRACE CONV HOSP

Street Address:		City and State:	
12000 MT VERNON AVE		COLTON CA 92324	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	PROPRIETARY	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
57		2		43	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		46	80.7	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		52	91.2	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		48	84.2	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	84.2	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		47	82.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.		1	1.8	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	57.9	42.9	37.7
Completely bedfast residents.		7	12.3	3.8	3.4
Residents confined to chairs.		33	57.9	58.6	50.8
Residents requiring restraints.		32	56.1	45.3	41.3
Confused or disoriented residents.		36	63.2	60.6	58.4
Residents with bed sores.		7	12.3	8.8	7.1
Residents receiving special skin care.		10	17.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OLIVEWOOD CONVALESCENT HOSPITAL

Street Address:		City and State:	
23185 WASHINGTON AVENUE		COLTON CA 92324	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	109	PROPRIETARY	05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
108	2	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	92.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	86.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	81.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	84.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	73.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	30.6	42.9	37.7
Completely bedfast residents.	1	0.9	3.8	3.4
Residents confined to chairs.	50	46.3	58.6	50.8
Residents requiring restraints.	60	55.6	45.3	41.3
Confused or disoriented residents.	88	81.5	60.6	58.4
Residents with bed sores.	11	10.2	8.8	7.1
Residents receiving special skin care.	21	19.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMPTON CONVALESCENT HOSPITAL

Street Address: 2309 N SANTA FE AVENUE		City and State: COMPTON CA 90222	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 99	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	Medicare Residents: 2	Medicaid Residents: 90	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	65.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	68.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	69.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	58.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	59.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	28.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	52	55.9	58.6	50.8
Residents requiring restraints.	33	35.5	45.3	41.3
Confused or disoriented residents.	52	55.9	60.6	58.4
Residents with bed sores.	3	3.2	8.8	7.1
Residents receiving special skin care.	4	4.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAYBERRY CONVALESCENT HOSPITAL

Street Address: 2151 CENTRAL STREET		City and State: CONCORD CA 94520	
Participation: MEDICARE SNF	# of Beds: 99	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	Medicare Residents: 3	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	74	89.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	94.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	92.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	84.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	78.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	38.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	58	69.9	58.6	50.8
Residents requiring restraints.	63	75.9	45.3	41.3
Confused or disoriented residents.	58	69.9	60.6	58.4
Residents with bed sores.	6	7.2	8.8	7.1
Residents receiving special skin care.	16	19.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CASA SAN MIGUEL

Street Address:		City and State:	
1050 SAN MIGUEL ROAD		CONCORD CA 94518	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
121	25	58		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	95.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	116	95.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	86.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	85.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	87.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	46.3	42.9	37.7
Completely bedfast residents.	1	0.8	3.8	3.4
Residents confined to chairs.	104	86.0	58.6	50.8
Residents requiring restraints.	81	66.9	45.3	41.3
Confused or disoriented residents.	105	86.8	60.6	58.4
Residents with bed sores.	13	10.7	8.8	7.1
Residents receiving special skin care.	24	19.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HACIENDA CONV HOSP

Street Address:		City and State:	
3318 WILLOW PASS RD		CONCORD CA 94519	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	83	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
81	4	35	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	75.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	88.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	86.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	81.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	61.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	30.9	42.9	37.7
Completely bedfast residents.	2	2.5	3.8	3.4
Residents confined to chairs.	68	84.0	58.6	50.8
Residents requiring restraints.	2	2.5	45.3	41.3
Confused or disoriented residents.	48	59.3	60.6	58.4
Residents with bed sores.	6	7.4	8.8	7.1
Residents receiving special skin care.	7	8.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY MANOR CARE CENTER

Street Address: 3806 CLAYTON ROAD		City and State: CONCORD CA 94521	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 223	Type of Ownership: PROPRIETARY	Survey Date: 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 185	Medicare Residents: 3	Medicaid Residents: 138
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	156	84.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	175	94.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	163	88.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	164	88.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	149	80.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	40.0	42.9	37.7
Completely bedfast residents.	4	2.2	3.8	3.4
Residents confined to chairs.	152	82.2	58.6	50.8
Residents requiring restraints.	103	55.7	45.3	41.3
Confused or disoriented residents.	127	68.6	60.6	58.4
Residents with bed sores.	10	5.4	8.8	7.1
Residents receiving special skin care.	27	14.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Facility	MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CORONA COMMUNITY HOSPITAL -DP/SNF

Street Address: 2600 SOUTH MAIN ST		City and State: CORONA CA 91720	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 173	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 133	Medicare Residents: 8	Medicaid Residents: 75
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	89.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	85.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	78.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	80.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	72.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	48.1	42.9	37.7
Completely bedfast residents.	2	1.5	3.8	3.4
Residents confined to chairs.	30	22.6	58.6	50.8
Residents requiring restraints.	6	4.5	45.3	41.3
Confused or disoriented residents.	2	1.5	60.6	58.4
Residents with bed sores.	2	1.5	8.8	7.1
Residents receiving special skin care.	6	4.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

CORONA GABLES RET HOME + CONV HOSP

Street Address:		City and State:	
1400 E CIRCLE CITY DR		CORONA CA 91720	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	97.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	87.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	80.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	94.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	60.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	40	51.3	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	56	71.8	60.6	58.4
Residents with bed sores.	7	9.0	8.8	7.1
Residents receiving special skin care.	24	30.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CORONADO HOSPITAL

Street Address:		City and State:	
250 PROSPECT PLACE		CORONADO CA 92118	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	115	NON-PROFIT OTHER	02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
47		0		10	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		46	97.9	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		43	91.5	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		32	68.1	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		31	66.0	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		29	61.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.		3	6.4	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	21.3	42.9	37.7
Completely bedfast residents.		1	2.1	3.8	3.4
Residents confined to chairs.		19	40.4	58.6	50.8
Residents requiring restraints.		19	40.4	45.3	41.3
Confused or disoriented residents.		23	48.9	60.6	58.4
Residents with bed sores.		2	4.3	8.8	7.1
Residents receiving special skin care.		11	23.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address:		City and State:	
340 VICTORIA AVE		COSTA MESA CA 92627	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	79	PROPRIETARY	08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
76	5	28	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	96.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	96.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	93.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	92.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	88.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	36.8	42.9	37.7
Completely bedfast residents.	3	3.9	3.8	3.4
Residents confined to chairs.	50	65.8	58.6	50.8
Residents requiring restraints.	62	81.6	45.3	41.3
Confused or disoriented residents.	61	80.3	60.6	58.4
Residents with bed sores.	10	13.2	8.8	7.1
Residents receiving special skin care.	34	44.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRVIEW DEVELOPMENT CENTER

Street Address:		City and State:	
2501 HARBOR BLVD		COSTA MESA CA 92626	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	406	STATE GOVERNMENT	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
401	0	392		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		399	99.5	83.8
Dressing				
Residents requiring some or total assistance in dressing.		397	99.0	87.4
Toileting				
Residents requiring some or total assistance in toileting.		396	98.8	80.6
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		386	96.3	79.4
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		391	97.5	73.0
Residents on individually written bowel and bladder retraining program.		26	6.5	2.7
Eating				
Residents receiving tube feedings or requiring assistance with eating.		326	81.3	42.9
Completely bedfast residents.		95	23.7	3.8
Residents confined to chairs.		335	83.5	58.6
Residents requiring restraints.		17	4.2	45.3
Confused or disoriented residents.		47	11.7	60.6
Residents with bed sores.		5	1.2	8.8
Residents receiving special skin care.		221	55.1	29.7

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MESA VERDE CONV HOSP

Street Address: 661 CENTER STREET		City and State: COSTA MESA CA 92627	
Participation: MEDICARE SNF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	Medicare Residents: 7	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	94.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	97.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	95.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	87.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	56.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	4.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	64.9	42.9	37.7
Completely bedfast residents.	2	2.7	3.8	3.4
Residents confined to chairs.	49	66.2	58.6	50.8
Residents requiring restraints.	48	64.9	45.3	41.3
Confused or disoriented residents.	56	75.7	60.6	58.4
Residents with bed sores.	5	6.8	8.8	7.1
Residents receiving special skin care.	42	56.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PORT MESA CONV HOSP

Street Address: 2570 NEWPORT BLVD		City and State: COSTA MESA CA 92627	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 139	Type of Ownership: PROPRIETARY	Survey Date: 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127	Medicare Residents: 6	Medicaid Residents: 106
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	115	90.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	84.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	81.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	81.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	66.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	31.5	42.9	37.7
Completely bedfast residents.	3	2.4	3.8	3.4
Residents confined to chairs.	52	40.9	58.6	50.8
Residents requiring restraints.	62	48.8	45.3	41.3
Confused or disoriented residents.	63	49.6	60.6	58.4
Residents with bed sores.	15	11.8	8.8	7.1
Residents receiving special skin care.	28	22.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BADILLO CONVALESCENT HOSPITAL

Street Address:		City and State:	
519 W BADILLO STREET		COVINA CA 91722	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	PROPRIETARY	04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	92.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	96.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	80.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	90.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	84.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	63.5	42.9	37.7
Completely bedfast residents.	1	1.9	3.8	3.4
Residents confined to chairs.	17	32.7	58.6	50.8
Residents requiring restraints.	33	63.5	45.3	41.3
Confused or disoriented residents.	48	92.3	60.6	58.4
Residents with bed sores.	4	7.7	8.8	7.1
Residents receiving special skin care.	52	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COVINA CONVALESCENT CENTER

Street Address: 261 W BADILLO AVENUE		City and State: COVINA CA 91722	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 8	Medicaid Residents: 75
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	75.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	84.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	77.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	78.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	65.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	47.4	42.9	37.7
Completely bedfast residents.	3	3.2	3.8	3.4
Residents confined to chairs.	49	51.6	58.6	50.8
Residents requiring restraints.	50	52.6	45.3	41.3
Confused or disoriented residents.	43	45.3	60.6	58.4
Residents with bed sores.	4	4.2	8.8	7.1
Residents receiving special skin care.	24	25.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE ROWLAND

Street Address:		City and State:	
330 W ROWLAND AVENUE		COVINA CA 91723	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	126	PROPRIETARY	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
122	2	77			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		112	91.8	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		118	96.7	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		108	88.5	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		108	88.5	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		112	91.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.		2	1.6	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		50	41.0	42.9	37.7
Completely bedfast residents.		15	12.3	3.8	3.4
Residents confined to chairs.		86	70.5	58.6	50.8
Residents requiring restraints.		55	45.1	45.3	41.3
Confused or disoriented residents.		73	59.8	60.6	58.4
Residents with bed sores.		12	9.8	8.8	7.1
Residents receiving special skin care.		37	30.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESCENT CITY CONVALESCENT

Street Address:		City and State:	
2885 MARSHALL STREET		CRESENT CITY CA 95531	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
72	1	61	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	69	95.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	87.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	79.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	79.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	56.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	25.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	36	50.0	58.6	50.8
Residents requiring restraints.	49	68.1	45.3	41.3
Confused or disoriented residents.	35	48.6	60.6	58.4
Residents with bed sores.	10	13.9	8.8	7.1
Residents receiving special skin care.	43	59.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARINA CONVALESCENT HOSPITAL

Street Address:		City and State:	
5240 S SEPULVEDA BOULEVARD		CULVER CITY CA 90230	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	116	PROPRIETARY	10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
108	0	91	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	89.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	89.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	89.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	81.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	89.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	28.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	94	87.0	58.6	50.8
Residents requiring restraints.	88	81.5	45.3	41.3
Confused or disoriented residents.	53	49.1	60.6	58.4
Residents with bed sores.	13	12.0	8.8	7.1
Residents receiving special skin care.	108	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARYCREST MANOR

Street Address:		City and State:	
10664 ST JAMES DRIVE		CULVER CITY CA 90230	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	59	NON-PROFIT RELIGIOUS	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	92.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	96.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	90.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	90.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	80.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	50.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	26	50.0	58.6	50.8
Residents requiring restraints.	12	23.1	45.3	41.3
Confused or disoriented residents.	16	30.8	60.6	58.4
Residents with bed sores.	4	7.7	8.8	7.1
Residents receiving special skin care.	11	21.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT VIEW CONV HOSP

Street Address: 22590 VOSS AVE		City and State: CUPERTINO CA 95014	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 170	Type of Ownership: PROPRIETARY	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166	Medicare Residents: 1	Medicaid Residents: 128	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	159	95.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	162	97.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	135	81.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	88.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	71.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	48.2	42.9	37.7
Completely bedfast residents.	3	1.8	3.8	3.4
Residents confined to chairs.	142	85.5	58.6	50.8
Residents requiring restraints.	99	59.6	45.3	41.3
Confused or disoriented residents.	114	68.7	60.6	58.4
Residents with bed sores.	20	12.0	8.8	7.1
Residents receiving special skin care.	19	11.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNY VIEW MANOR

Street Address:		City and State:	
22445 CUPERTINO RD		CUPERTINO CA 95014	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	45	NON-PROFIT RELIGIOUS	03/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	93.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	74.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	48.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	74.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	27.9	42.9	37.7
Completely bedfast residents.	1	2.3	3.8	3.4
Residents confined to chairs.	15	34.9	58.6	50.8
Residents requiring restraints.	10	23.3	45.3	41.3
Confused or disoriented residents.	25	58.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	43	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SETON MED CENTER

Street Address: 1900 SULLIVAN AVE		City and State: DALY CITY CA 94015	
Participation: MEDICARE SNF	# of Beds: 23	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
13	11	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		11	84.6	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		13	100	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		13	100	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		12	92.3	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		7	53.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		7	53.8	42.9	37.7
Completely bedfast residents.		5	38.5	3.8	3.4
Residents confined to chairs.		2	15.4	58.6	50.8
Residents requiring restraints.		4	30.8	45.3	41.3
Confused or disoriented residents.		4	30.8	60.6	58.4
Residents with bed sores.		3	23.1	8.8	7.1
Residents receiving special skin care.		3	23.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST FRANCIS CONV PAVILION

Street Address:		City and State:	
99 ESCUELA DR		DALY CITY CA 94015	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	239	PROPRIETARY	06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
221	9	79	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	221	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	214	96.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	216	97.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	212	95.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	200	90.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	2.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	112	50.7	42.9	37.7
Completely bedfast residents.	13	5.9	3.8	3.4
Residents confined to chairs.	155	70.1	58.6	50.8
Residents requiring restraints.	179	81.0	45.3	41.3
Confused or disoriented residents.	168	76.0	60.6	58.4
Residents with bed sores.	15	6.8	8.8	7.1
Residents receiving special skin care.	110	49.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST FRANCIS HEIGHTS CONV HOSP

Street Address: 35 ESCUELA DR		City and State: DALY CITY CA 94015	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	Medicare Residents: 4	Medicaid Residents: 32	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	86.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	80.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	71.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	86.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	73.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	22.0	42.9	37.7
Completely bedfast residents.	6	6.6	3.8	3.4
Residents confined to chairs.	73	80.2	58.6	50.8
Residents requiring restraints.	75	82.4	45.3	41.3
Confused or disoriented residents.	70	76.9	60.6	58.4
Residents with bed sores.	6	6.6	8.8	7.1
Residents receiving special skin care.	15	16.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLA CONVALESCENT CENTER

Street Address: 130 VALE ST		City and State: DALY CITY CA 94014	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 96	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 1	Medicaid Residents: 32	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	97.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	92.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	97.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	88.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	47.7	42.9	37.7
Completely bedfast residents.	4	4.5	3.8	3.4
Residents confined to chairs.	48	54.5	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	61	69.3	60.6	58.4
Residents with bed sores.	8	9.1	8.8	7.1
Residents receiving special skin care.	3	3.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DIABLO CONVALESCENT HOSPITAL

Street Address: 336 DIABLO RD		City and State: DANVILLE CA 94526	
Participation: MEDICAID SNF	# of Beds: 54	Type of Ownership: PROPRIETARY	Survey Date: 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	Medicare Residents: 0	Medicaid Residents: 53		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	88.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	98.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	90.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	92.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	64.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	23	43.4	58.6	50.8
Residents requiring restraints.	46	86.8	45.3	41.3
Confused or disoriented residents.	47	88.7	60.6	58.4
Residents with bed sores.	1	1.9	8.8	7.1
Residents receiving special skin care.	51	96.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DRIFTWOOD CONV HOSP

Street Address:		City and State:	
1850 E 8TH ST		DAVIS CA 95616	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	124	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
112		0		0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		106	94.6	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		108	96.4	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		96	85.7	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		96	85.7	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		91	81.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		72	64.3	42.9	37.7
Completely bedfast residents.		6	5.4	3.8	3.4
Residents confined to chairs.		76	67.9	58.6	50.8
Residents requiring restraints.		70	62.5	45.3	41.3
Confused or disoriented residents.		86	76.8	60.6	58.4
Residents with bed sores.		8	7.1	8.8	7.1
Residents receiving special skin care.		50	44.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

<p>Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.</p>	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Infection control techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SIERRA HEALTH CARE CONV HOSP

Street Address:		City and State:	
715 POLE LINE RD		DAVIS CA 95616	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	132	PROPRIETARY	11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
123	3	86			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		102	82.9	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		115	93.5	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		105	85.4	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		98	79.7	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		104	84.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.		1	0.8	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		41	33.3	42.9	37.7
Completely bedfast residents.		3	2.4	3.8	3.4
Residents confined to chairs.		90	73.2	58.6	50.8
Residents requiring restraints.		59	48.0	45.3	41.3
Confused or disoriented residents.		59	48.0	60.6	58.4
Residents with bed sores.		12	9.8	8.8	7.1
Residents receiving special skin care.		94	76.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CASA PALMERA CARE CENTER

Street Address:		City and State:	
14750 EL CAMINO REAL		DEL MAR CA 92014	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	99	PROPRIETARY	04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	96.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	98.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	95.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	93.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	72.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	4.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	44.3	42.9	37.7
Completely bedfast residents.	1	1.6	3.8	3.4
Residents confined to chairs.	26	42.6	58.6	50.8
Residents requiring restraints.	40	65.6	45.3	41.3
Confused or disoriented residents.	41	67.2	60.6	58.4
Residents with bed sores.	9	14.8	8.8	7.1
Residents receiving special skin care.	10	16.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROWNING MANOR CONVALESCENT HOSPITAL

Street Address:		City and State:	
729 BROWNING ROAD		DELANO CA 93215	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	53	PROPRIETARY	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
52	2	44			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		50	96.2	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		49	94.2	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		48	92.3	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	92.3	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		44	84.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.		1	1.9	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		23	44.2	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		48	92.3	58.6	50.8
Residents requiring restraints.		38	73.1	45.3	41.3
Confused or disoriented residents.		47	90.4	60.6	58.4
Residents with bed sores.		1	1.9	8.8	7.1
Residents receiving special skin care.		42	80.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DELANO COMMUNITY HOSP-SNF

Street Address:		City and State:	
1401 GARCES HWY		DELANO CA 93215	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	60	PROPRIETARY	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
32	0	31		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		32	100	83.8
Dressing				
Residents requiring some or total assistance in dressing.		32	100	87.4
Toileting				
Residents requiring some or total assistance in toileting.		29	90.6	80.6
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		24	75.0	79.4
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		16	50.0	73.0
Residents on individually written bowel and bladder retraining program.		1	3.1	2.7
Eating				
Residents receiving tube feedings or requiring assistance with eating.		14	43.8	42.9
Completely bedfast residents.		3	9.4	3.8
Residents confined to chairs.		22	68.8	58.6
Residents requiring restraints.		0	0.0	45.3
Confused or disoriented residents.		25	78.1	60.6
Residents with bed sores.		2	6.3	8.8
Residents receiving special skin care.		18	56.3	29.7

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DINUBA CONV HOSP

Street Address:		City and State:	
1730 S COLLEGE AVE		DINUBA CA 93618	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
96	0	77		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	90.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	78.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	78.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	62.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	35.4	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	17	17.7	58.6	50.8
Residents requiring restraints.	53	55.2	45.3	41.3
Confused or disoriented residents.	48	50.0	60.6	58.4
Residents with bed sores.	6	6.3	8.8	7.1
Residents receiving special skin care.	96	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOWNEY CARE CENTER

Street Address:		City and State:	
13007 PARAMOUNT BOULEVARD		DOWNEY CA 90242	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	3	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	84.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	86.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	73.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	97.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	68.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	41.1	42.9	37.7
Completely bedfast residents.	6	6.3	3.8	3.4
Residents confined to chairs.	67	70.5	58.6	50.8
Residents requiring restraints.	36	37.9	45.3	41.3
Confused or disoriented residents.	79	83.2	60.6	58.4
Residents with bed sores.	9	9.5	8.8	7.1
Residents receiving special skin care.	42	44.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOWNEY COMMUNITY HEALTH CENTER

Street Address:		City and State:	
8425 IOWA ST		DOWNEY CA 90241	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	198	PROPRIETARY	12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
192	1	144			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		116	60.4	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		110	57.3	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		94	49.0	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		93	48.4	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		74	38.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.		2	1.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		57	29.7	42.9	37.7
Completely bedfast residents.		4	2.1	3.8	3.4
Residents confined to chairs.		86	44.8	58.6	50.8
Residents requiring restraints.		89	46.4	45.3	41.3
Confused or disoriented residents.		64	33.3	60.6	58.4
Residents with bed sores.		13	6.8	8.8	7.1
Residents receiving special skin care.		7	3.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKEWOOD PARK HEALTH CENTER

Street Address:		City and State:	
12023 SOUTH LAKEWOOD BLVD		DOWNEY CA 90242	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	231	PROPRIETARY	09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
222	0	166

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	19.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	152	68.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	36.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	29.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	41.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	29.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	47	21.2	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	183	82.4	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	47	21.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

PICO DOWNEY GOLDEN AGE CONV HOSPITAL

Street Address:		City and State:	
9300 TELEGRAPH ROAD		DOWNEY CA 90240	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	70	PROPRIETARY	05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	94.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	92.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	73.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	85.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	73.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	16.4	42.9	37.7
Completely bedfast residents.	4	6.0	3.8	3.4
Residents confined to chairs.	61	91.0	58.6	50.8
Residents requiring restraints.	47	70.1	45.3	41.3
Confused or disoriented residents.	61	91.0	60.6	58.4
Residents with bed sores.	6	9.0	8.8	7.1
Residents receiving special skin care.	4	6.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RANCHO LOS AMIGOS HOSP

Street Address:		City and State:	
7601 EAST IMPERIAL HIGHWAY		DOWNEY CA 90242	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	LOCAL GOVERNMENT	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
39	9	24	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	38	97.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	84.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	97.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	97.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	94.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	87.2	42.9	37.7
Completely bedfast residents.	17	43.6	3.8	3.4
Residents confined to chairs.	21	53.8	58.6	50.8
Residents requiring restraints.	20	51.3	45.3	41.3
Confused or disoriented residents.	38	97.4	60.6	58.4
Residents with bed sores.	3	7.7	8.8	7.1
Residents receiving special skin care.	2	5.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BUENA VISTA MANOR

Street Address:		City and State:	
802 BUENA VISTA STREET		DUARTE CA 91010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	NON-PROFIT RELIGIOUS	01/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
59	0	10		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	76.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	86.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	76.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	76.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	79.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	33.9	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	41	69.5	58.6	50.8
Residents requiring restraints.	41	69.5	45.3	41.3
Confused or disoriented residents.	48	81.4	60.6	58.4
Residents with bed sores.	3	5.1	8.8	7.1
Residents receiving special skin care.	24	40.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLAND CONVALESCENT HOSPITAL

Street Address:		City and State:	
1340 S HIGHLAND AVENUE		DUARTE CA 91010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	58	PROPRIETARY	01/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
53		1		39	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		36	67.9	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		45	84.9	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		41	77.4	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		39	73.6	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		33	62.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		11	20.8	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		49	92.5	58.6	50.8
Residents requiring restraints.		16	30.2	45.3	41.3
Confused or disoriented residents.		23	43.4	60.6	58.4
Residents with bed sores.		6	11.3	8.8	7.1
Residents receiving special skin care.		19	35.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONROVIA CONVALESCENT HOSPITAL

Street Address: 1220 E HUNTINGTON DRIVE		City and State: DUARTE CA 91010	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 72	Type of Ownership: PROPRIETARY	Survey Date: 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	Medicare Residents: 0	Medicaid Residents: 57		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	94.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	76.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	69.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	56.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	84.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	29.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	40	58.0	58.6	50.8
Residents requiring restraints.	65	94.2	45.3	41.3
Confused or disoriented residents.	33	47.8	60.6	58.4
Residents with bed sores.	8	11.6	8.8	7.1
Residents receiving special skin care.	8	11.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SANTA TERESITA HOSPITAL - SNF

Street Address:		City and State:	
1210 ROYAL OAKS DRIVE		DUARTE CA 91010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	133	NON-PROFIT RELIGIOUS	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
128	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	88.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	87.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	82.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	83.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	74.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	43.0	42.9	37.7
Completely bedfast residents.	22	17.2	3.8	3.4
Residents confined to chairs.	46	35.9	58.6	50.8
Residents requiring restraints.	54	42.2	45.3	41.3
Confused or disoriented residents.	72	56.3	60.6	58.4
Residents with bed sores.	7	5.5	8.8	7.1
Residents receiving special skin care.	30	23.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMMUNITY CARE CENTER

Street Address:		City and State:	
2335 S. MOUNTAIN AVENUE		DUARTE, CA 91010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	167	PROPRIETARY	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
136	0	134			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		16	11.8	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		12	8.8	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		0	0.0	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		1	0.7	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		0	0.0	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		0	0.0	58.6	50.8
Residents requiring restraints.		0	0.0	45.3	41.3
Confused or disoriented residents.		9	6.6	60.6	58.4
Residents with bed sores.		0	0.0	8.8	7.1
Residents receiving special skin care.		25	18.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANZA CONVALESCENT HOSPITAL

Street Address: 622 S ANZA ST		City and State: EL CAJON CA 92020	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 154	Medicare Residents: 12	Medicaid Residents: 112
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	58.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	111	72.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	97	63.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	92.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	57.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	35.1	42.9	37.7
Completely bedfast residents.	28	18.2	3.8	3.4
Residents confined to chairs.	34	22.1	58.6	50.8
Residents requiring restraints.	73	47.4	45.3	41.3
Confused or disoriented residents.	66	42.9	60.6	58.4
Residents with bed sores.	15	9.7	8.8	7.1
Residents receiving special skin care.	15	9.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EL CAJON VALLEY CONVALESCENT CENTER

Street Address: 510 EAST WASHINGTON AVE		City and State: EL CAJON CA 92020	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 256	Type of Ownership: PROPRIETARY	Survey Date: 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 247	Medicare Residents: 9	Medicaid Residents: 166		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	221	89.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	208	84.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	189	76.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	239	96.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	211	85.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	2.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	103	41.7	42.9	37.7
Completely bedfast residents.	1	0.4	3.8	3.4
Residents confined to chairs.	165	66.8	58.6	50.8
Residents requiring restraints.	161	65.2	45.3	41.3
Confused or disoriented residents.	222	89.9	60.6	58.4
Residents with bed sores.	25	10.1	8.8	7.1
Residents receiving special skin care.	185	74.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HELIX VIEW NURSING HOME INC

Street Address:		City and State:	
1201 SOUTH ORANGE AVENUE		EL CAJON CA 92020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	66	PROPRIETARY	08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
66	0	60			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	65	98.5	83.8	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	56	84.8	87.4	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	62	93.9	80.6	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	93.9	79.4	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	64	97.0	73.0	68.2	
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	18	27.3	42.9	37.7	
Completely bedfast residents.	0	0.0	3.8	3.4	
Residents confined to chairs.	33	50.0	58.6	50.8	
Residents requiring restraints.	41	62.1	45.3	41.3	
Confused or disoriented residents.	41	62.1	60.6	58.4	
Residents with bed sores.	8	12.1	8.8	7.1	
Residents receiving special skin care.	8	12.1	29.7	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MADISON CONV CTR

Street Address:		City and State:	
1391 E MADISON AVE		EL CAJON CA 92021	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	96	NON-PROFIT OTHER	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
96	6	72	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	99.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	84.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	93.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	91.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	77.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	38	39.6	58.6	50.8
Residents requiring restraints.	69	71.9	45.3	41.3
Confused or disoriented residents.	53	55.2	60.6	58.4
Residents with bed sores.	14	14.6	8.8	7.1
Residents receiving special skin care.	57	59.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAGNOLIA CENTER

Street Address:		City and State:	
635 S MAGNOLIA AVE		EL CAJON CA 92020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	4	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	81.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	96.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	92.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	67.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	80.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	44.7	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	52	55.3	58.6	50.8
Residents requiring restraints.	78	83.0	45.3	41.3
Confused or disoriented residents.	78	83.0	60.6	58.4
Residents with bed sores.	8	8.5	8.8	7.1
Residents receiving special skin care.	68	72.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKSIDE SPECIAL CARE

Street Address:		City and State:	
444 W LEXINGTON AVE		EL CAJON CA 92020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	50	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
48		0		34	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		41	85.4	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		43	89.6	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		34	70.8	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		30	62.5	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		24	50.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	39.6	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		10	20.8	58.6	50.8
Residents requiring restraints.		22	45.8	45.3	41.3
Confused or disoriented residents.		48	100	60.6	58.4
Residents with bed sores.		0	0.0	8.8	7.1
Residents receiving special skin care.		9	18.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ROYAL HOME THE

Street Address:		City and State:	
12436 ROYAL RD		EL CAJON CA 92021	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	19	PROPRIETARY	06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
19	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

12 63.2 83.8 81.5

Dressing

Residents requiring some or total assistance in dressing.

11 57.9 87.4 83.2

Toileting

Residents requiring some or total assistance in toileting.

9 47.4 80.6 73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

7 36.8 79.4 77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

13 68.4 73.0 68.2

Residents on individually written bowel and bladder retraining program.

2 10.5 2.7 4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

5 26.3 42.9 37.7

Completely bedfast residents.

0 0.0 3.8 3.4

Residents confined to chairs.

1 5.3 58.6 50.8

Residents requiring restraints.

4 21.1 45.3 41.3

Confused or disoriented residents.

19 100 60.6 58.4

Residents with bed sores.

0 0.0 8.8 7.1

Residents receiving special skin care.

10 52.6 29.7 31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOMERSET I.C.F.

Street Address:		City and State:	
151 CLAYDELLE AVE		EL CAJON CA 92020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	65	PROPRIETARY	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
61	0	61	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	16.4	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	11	18.0	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	3	4.9	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	4.9	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	9.8	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	3	4.9	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	21	34.4	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	6	9.8	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE T L C CONVALESCENT HOSPITAL

Street Address:		City and State:	
1340 E MADISON AVE		EL CAJON CA 92021	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	3	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	61.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	90.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	83.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	83.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	69.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	42.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	55	56.7	58.6	50.8
Residents requiring restraints.	35	36.1	45.3	41.3
Confused or disoriented residents.	70	72.2	60.6	58.4
Residents with bed sores.	11	11.3	8.8	7.1
Residents receiving special skin care.	38	39.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VICTORIA I.C.F.

Street Address: 654 SOUTH ANZA STREET		City and State: EL CAJON CA 92020	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	Medicare Residents: 0	Medicaid Residents: 112	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	100	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	23.2	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	5	4.5	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	3.6	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	4.5	13.2	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	2	1.8	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	1	0.9	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	25	22.3	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VISTA DEL CERRO CONV CTR

Street Address: 675 EAST BRADLEY AVE		City and State: EL CAJON CA 92021	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 56	Type of Ownership: PROPRIETARY	Survey Date: 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 0	Medicaid Residents: 33
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	88.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	87.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	77.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	85.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	75.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	48.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	35	64.8	58.6	50.8
Residents requiring restraints.	32	59.3	45.3	41.3
Confused or disoriented residents.	47	87.0	60.6	58.4
Residents with bed sores.	8	14.8	8.8	7.1
Residents receiving special skin care.	38	70.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY CONV HOSP

Street Address:		City and State:	
1700 S IMPERIAL AVE		EL CENTRO CA 92243	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	123	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
117	1	99	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	96.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	96.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	96.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	70.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	60.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	59.8	42.9	37.7
Completely bedfast residents.	6	5.1	3.8	3.4
Residents confined to chairs.	77	65.8	58.6	50.8
Residents requiring restraints.	78	66.7	45.3	41.3
Confused or disoriented residents.	66	56.4	60.6	58.4
Residents with bed sores.	13	11.1	8.8	7.1
Residents receiving special skin care.	32	27.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHIELDS ICF

Street Address:		City and State:	
3230 CARLSON BLVD.		EL CERRITO CA 94530	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	45	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
38	0	38	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	55.3	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	42.1	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	39.5	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	34.2	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	44.7	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	5.3	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	2.6	4.2	39.1
Residents requiring restraints.	9	23.7	1.4	31.7
Confused or disoriented residents.	13	34.2	23.8	55.8
Residents with bed sores.	2	5.3	0.5	4.7
Residents receiving special skin care.	6	15.8	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDARS-GLEN CARE CENTER

Street Address:		City and State:	
11900 E RAMONA BOULEVARD		EL MONTE CA 91731	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	148	NON-PROFIT PRIVATE	03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	3	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	96.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	91.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	91.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	88.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	79.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	53.1	42.9	37.7
Completely bedfast residents.	15	15.3	3.8	3.4
Residents confined to chairs.	73	74.5	58.6	50.8
Residents requiring restraints.	74	75.5	45.3	41.3
Confused or disoriented residents.	70	71.4	60.6	58.4
Residents with bed sores.	23	23.5	8.8	7.1
Residents receiving special skin care.	21	21.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHERRYLEE LODGE SANITARIUM

Street Address:		City and State:	
5053 NORTH PECK ROAD		EL MONTE CA 91732	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	46	PROPRIETARY	04/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	93.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	78.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	60.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	67.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	52.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	21.7	42.9	37.7
Completely bedfast residents.	1	2.2	3.8	3.4
Residents confined to chairs.	8	17.4	58.6	50.8
Residents requiring restraints.	10	21.7	45.3	41.3
Confused or disoriented residents.	40	87.0	60.6	58.4
Residents with bed sores.	1	2.2	8.8	7.1
Residents receiving special skin care.	4	8.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EL MONTE CONVALESCENT HOSPITAL

Street Address: 4096 EASY STREET		City and State: EL MONTE CA 91731	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 0	Medicaid Residents: 68
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	93.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	95.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	79.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	85.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	41.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	43.7	42.9	37.7
Completely bedfast residents.	13	14.9	3.8	3.4
Residents confined to chairs.	60	69.0	58.6	50.8
Residents requiring restraints.	46	52.9	45.3	41.3
Confused or disoriented residents.	37	42.5	60.6	58.4
Residents with bed sores.	4	4.6	8.8	7.1
Residents receiving special skin care.	65	74.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELMCREST CONVALESCENT HOSPITAL

Street Address:		City and State:	
3111 SANTA ANITA AVENUE		EL MONTE CA 91731	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	96	PROPRIETARY	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
84	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	81.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	81.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	79.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	61.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	77.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	65.5	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	65	77.4	58.6	50.8
Residents requiring restraints.	65	77.4	45.3	41.3
Confused or disoriented residents.	53	63.1	60.6	58.4
Residents with bed sores.	4	4.8	8.8	7.1
Residents receiving special skin care.	7	8.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Infection control techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GEORGIA-ATKINSON CONV CTR

Street Address: 3825 NORTH DURFEE AVE		City and State: EL MONTE CA 91732	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 139	Type of Ownership: PROPRIETARY	Survey Date: 04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
96	56	40			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		93	96.9	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		92	95.8	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		81	84.4	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		44	45.8	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		8	8.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.		2	2.1	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		77	80.2	42.9	37.7
Completely bedfast residents.		3	3.1	3.8	3.4
Residents confined to chairs.		85	88.5	58.6	50.8
Residents requiring restraints.		63	65.6	45.3	41.3
Confused or disoriented residents.		80	83.3	60.6	58.4
Residents with bed sores.		22	22.9	8.8	7.1
Residents receiving special skin care.		68	70.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IDLE ACRES CONV HOSP

Street Address:		City and State:	
5044 N BUFFINGTON RD		EL MONTE CA 91732	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	53	PROPRIETARY	05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
48	0	39			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		38	79.2	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		43	89.6	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		20	41.7	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		20	41.7	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		19	39.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.		1	2.1	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		28	58.3	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		7	14.6	58.6	50.8
Residents requiring restraints.		7	14.6	45.3	41.3
Confused or disoriented residents.		48	100	60.6	58.4
Residents with bed sores.		0	0.0	8.8	7.1
Residents receiving special skin care.		3	6.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PEN MAR THERAPEUTIC CTR

Street Address:		City and State:	
3941 PENN MAR		EL MONTE CA 91732	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	45	PROPRIETARY	12/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
41	0	40		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	39.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	97.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	61.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	97.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	97.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	97.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	39	95.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	4.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET MANOR CONVALESCENT HOSPITAL

Street Address:		City and State:	
2720 NEVADA AVENUE		EL MONTE CA 91733	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	81	PROPRIETARY	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
75	1	73			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		69	92.0	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		71	94.7	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		60	80.0	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		65	86.7	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		60	80.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.		1	1.3	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	44.0	42.9	37.7
Completely bedfast residents.		7	9.3	3.8	3.4
Residents confined to chairs.		32	42.7	58.6	50.8
Residents requiring restraints.		0	0.0	45.3	41.3
Confused or disoriented residents.		37	49.3	60.6	58.4
Residents with bed sores.		7	9.3	8.8	7.1
Residents receiving special skin care.		24	32.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WELLESLEY MANOR CONVALESCENT HOSP

Street Address:		City and State:	
11210 LOWER AZUSA RD		EL MONTE CA 91731	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
78	3	65		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	65.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	70.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	51.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	59.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	55.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	38.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	47	60.3	58.6	50.8
Residents requiring restraints.	27	34.6	45.3	41.3
Confused or disoriented residents.	42	53.8	60.6	58.4
Residents with bed sores.	4	5.1	8.8	7.1
Residents receiving special skin care.	56	71.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SONOMA STATE HOSP - SNF

Street Address: P O BOX 1400		City and State: ELDRIDGE CA 95431	
Participation: MEDICAID SNF	# of Beds: 575	Type of Ownership: STATE GOVERNMENT	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 556	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	556	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	552	99.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	548	98.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	542	97.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	550	98.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	104	18.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	529	95.1	42.9	37.7
Completely bedfast residents.	6	1.1	3.8	3.4
Residents confined to chairs.	474	85.3	58.6	50.8
Residents requiring restraints.	22	4.0	45.3	41.3
Confused or disoriented residents.	96	17.3	60.6	58.4
Residents with bed sores.	4	0.7	8.8	7.1
Residents receiving special skin care.	285	51.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELK GROVE CONV HOSP

Street Address:		City and State:	
9461 BATEY AVE		ELK GROVE CA 95624	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	136	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
1	0	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OCEANVIEW CONVALESCENT HOSPITAL

Street Address:		City and State:	
900 SANTE FE DRIVE		ENCINITAS CA 92024	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	2	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	2	2.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	96.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	90.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	92.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	88.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	33.3	42.9	37.7
Completely bedfast residents.	2	2.2	3.8	3.4
Residents confined to chairs.	47	50.5	58.6	50.8
Residents requiring restraints.	67	72.0	45.3	41.3
Confused or disoriented residents.	90	96.8	60.6	58.4
Residents with bed sores.	16	17.2	8.8	7.1
Residents receiving special skin care.	24	25.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CASA DEL NORTE

Street Address: 1335 NORTH NUTMEG		City and State: ESCODIDO CA 92026	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 156	Type of Ownership: PROPRIETARY	Survey Date: 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	Medicare Residents: 0	Medicaid Residents: 17		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	90.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	92.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	92.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	92.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	88.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	41.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	48	90.6	58.6	50.8
Residents requiring restraints.	43	81.1	45.3	41.3
Confused or disoriented residents.	32	60.4	60.6	58.4
Residents with bed sores.	6	11.3	8.8	7.1
Residents receiving special skin care.	26	49.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	27	2.2	201	2.1
MET	147	12.2	518	5.5
NOT MET	26	2.2	168	1.8
MET	74	6.2	806	8.5
MET	314	26.1	1618	17.1
MET	4	0.3	36	0.4
MET	120	10.0	205	2.2
MET	4	0.3	30	0.3
MET	12	1.0	145	1.5
MET	16	1.3	49	0.5
MET	47	3.9	508	5.4
MET	667	55.5	2816	29.8
NOT MET	401	33.4	1733	18.3
MET	215	17.9	1052	11.1
MET	257	21.4	1512	16.0
NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address:		City and State:	
421 EAST MISSION AVENUE		ESCONDIDO CA 92025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	180	PROPRIETARY	08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
174	7	130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	51.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	174	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	174	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	174	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	2.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	98	56.3	42.9	37.7
Completely bedfast residents.	6	3.4	3.8	3.4
Residents confined to chairs.	161	92.5	58.6	50.8
Residents requiring restraints.	136	78.2	45.3	41.3
Confused or disoriented residents.	102	58.6	60.6	58.4
Residents with bed sores.	22	12.6	8.8	7.1
Residents receiving special skin care.	74	42.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ESCONDIDO CONVALESCENT CENTER

Street Address:		City and State:	
201 NORTH FIG STREET		ESCONDIDO CA 92025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	74	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	5	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	93.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	91.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	90.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	88.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	5.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	29.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	65	91.5	58.6	50.8
Residents requiring restraints.	53	74.6	45.3	41.3
Confused or disoriented residents.	49	69.0	60.6	58.4
Residents with bed sores.	12	16.9	8.8	7.1
Residents receiving special skin care.	26	36.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	27	2.2	201	2.1
MET	147	12.2	518	5.5
MET	26	2.2	168	1.8
MET	74	6.2	806	8.5
MET	314	26.1	1618	17.1
MET	4	0.3	36	0.4
MET	120	10.0	205	2.2
MET	4	0.3	30	0.3
MET	12	1.0	145	1.5
MET	16	1.3	49	0.5
MET	47	3.9	508	5.4
MET	667	55.5	2816	29.8
MET	401	33.4	1733	18.3
MET	215	17.9	1052	11.1
MET	257	21.4	1512	16.0
MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLTOP CONVALESCENT CENTER

Street Address:		City and State:	
1260 EAST OHIO STREET		ESCONDIDO CA 92025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	98	PROPRIETARY	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
94		5		61	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		92	97.9	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		83	88.3	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		88	93.6	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	79.8	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		77	81.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.		4	4.3	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		41	43.6	42.9	37.7
Completely bedfast residents.		5	5.3	3.8	3.4
Residents confined to chairs.		67	71.3	58.6	50.8
Residents requiring restraints.		73	77.7	45.3	41.3
Confused or disoriented residents.		60	63.8	60.6	58.4
Residents with bed sores.		7	7.4	8.8	7.1
Residents receiving special skin care.		67	71.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REDWOOD TERRACE HEALTH CTR

Street Address:		City and State:	
710 W THIRTEENTH AVE		ESCONDIDO CA 92025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	59	NON-PROFIT RELIGIOUS	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	75.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	96.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	75.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	73.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	64.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	24.6	42.9	37.7
Completely bedfast residents.	3	5.3	3.8	3.4
Residents confined to chairs.	24	42.1	58.6	50.8
Residents requiring restraints.	43	75.4	45.3	41.3
Confused or disoriented residents.	34	59.6	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	3.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REGENCY NURSING CENTER

Street Address:		City and State:	
1980 FELICITA ROAD		ESCONDIDO CA 92025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
109	5	81			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		49	45.0	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		51	46.8	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		63	57.8	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	45.9	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		37	33.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.		3	2.8	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		12	11.0	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		27	24.8	58.6	50.8
Residents requiring restraints.		70	64.2	45.3	41.3
Confused or disoriented residents.		49	45.0	60.6	58.4
Residents with bed sores.		2	1.8	8.8	7.1
Residents receiving special skin care.		27	24.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

VALLE VISTA CONVALESCENT HOSPITAL INC

Street Address:		City and State:	
1025 WEST SECOND STREET		ESCONDIDO CA 92025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	53	PROPRIETARY	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
51	1	10			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		47	92.2	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		45	88.2	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		37	72.5	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		35	68.6	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		34	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	41.2	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		16	31.4	58.6	50.8
Residents requiring restraints.		4	7.8	45.3	41.3
Confused or disoriented residents.		32	62.7	60.6	58.4
Residents with bed sores.		2	3.9	8.8	7.1
Residents receiving special skin care.		21	41.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALOMAR CONVALESCENT CENTER

Street Address:		City and State:	
1817 AVENIDA DEL DIABLO		ESCONDIDO, CA 92025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	96	NON-PROFIT OTHER	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	16	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	76.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	86.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	81.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	77.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	80.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	50.0	42.9	37.7
Completely bedfast residents.	19	26.4	3.8	3.4
Residents confined to chairs.	33	45.8	58.6	50.8
Residents requiring restraints.	32	44.4	45.3	41.3
Confused or disoriented residents.	47	65.3	60.6	58.4
Residents with bed sores.	13	18.1	8.8	7.1
Residents receiving special skin care.	29	40.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTWOOD MANOR

Street Address:		City and State:	
2370 BUHNE STREET		EUREKA CA 95501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	85	PROPRIETARY	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
84	0	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	8	9.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	6.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	84	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	18	21.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRANADA CONV HOSP

Street Address:		City and State:	
2885 HARRIS ST		EUREKA CA 95501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	87	PROPRIETARY	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
85		2		0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		85	100	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		80	94.1	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		77	90.6	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		78	91.8	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		73	85.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.		1	1.2	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		31	36.5	42.9	37.7
Completely bedfast residents.		2	2.4	3.8	3.4
Residents confined to chairs.		64	75.3	58.6	50.8
Residents requiring restraints.		70	82.4	45.3	41.3
Confused or disoriented residents.		71	83.5	60.6	58.4
Residents with bed sores.		5	5.9	8.8	7.1
Residents receiving special skin care.		7	8.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PACIFIC CONVALESCENT HOSPITAL

Street Address: 2211 HARRISON AVE		City and State: EUREKA CA 95501	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	84.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	91.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	91.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	93.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	91.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	41.4	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	31	53.4	58.6	50.8
Residents requiring restraints.	37	63.8	45.3	41.3
Confused or disoriented residents.	26	44.8	60.6	58.4
Residents with bed sores.	2	3.4	8.8	7.1
Residents receiving special skin care.	23	39.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEA VIEW CONV HOSP

Street Address:		City and State:	
8400 PURDUE DR		EUREKA CA 95501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
98		1		87	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		85	86.7	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		89	90.8	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		78	79.6	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	76.5	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		45	45.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.		4	4.1	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	37.8	42.9	37.7
Completely bedfast residents.		0	0.0	3.8	3.4
Residents confined to chairs.		59	60.2	58.6	50.8
Residents requiring restraints.		47	48.0	45.3	41.3
Confused or disoriented residents.		85	86.7	60.6	58.4
Residents with bed sores.		6	6.1	8.8	7.1
Residents receiving special skin care.		20	20.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Infection control techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET SKILLED NURSING & REHAB CTR

Street Address:		City and State:	
2353 TWENTY-THIRD ST		EUREKA CA 95501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
1	1	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEMORIAL HOSPITAL AT EXETER

Street Address:		City and State:	
215 CRESPI AVE		EXETER CA 93221	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	21	NON-PROFIT OTHER	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	0	8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	95.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	20	95.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	95.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	90.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	95.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	4.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	57.1	42.9	37.7
Completely bedfast residents.	5	23.8	3.8	3.4
Residents confined to chairs.	14	66.7	58.6	50.8
Residents requiring restraints.	19	90.5	45.3	41.3
Confused or disoriented residents.	18	85.7	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	9.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE HOMESTEAD

Street Address:		City and State:	
11300 FAIR OAKS BLVD		FAIR OAKS CA 95628	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	147	NON-PROFIT OTHER	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
1	0	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

CARE WEST-LA MARIPOSA NURS & REHAB CTR

Street Address:		City and State:	
1244 TRAVIS BLVD		FAIRFIELD CA 94533	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	8	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	89.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	91.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	91.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	91.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	45.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	86	91.5	58.6	50.8
Residents requiring restraints.	36	38.3	45.3	41.3
Confused or disoriented residents.	18	19.1	60.6	58.4
Residents with bed sores.	12	12.8	8.8	7.1
Residents receiving special skin care.	14	14.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRFIELD CONV HOSP

Street Address:		City and State:	
1255 TRAVIS BLVD		FAIRFIELD CA 94533	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
92	6	55		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	69.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	83.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	77.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	77.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	71.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	42.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	46	50.0	58.6	50.8
Residents requiring restraints.	53	57.6	45.3	41.3
Confused or disoriented residents.	51	55.4	60.6	58.4
Residents with bed sores.	7	7.6	8.8	7.1
Residents receiving special skin care.	12	13.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNY ACRES CONV HOSP

Street Address:		City and State:	
1260 TRAVIS BLVD		FAIRFIELD CA 94533	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	90	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	91.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	88.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	87.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	76.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	89.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	51.8	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	64	75.3	58.6	50.8
Residents requiring restraints.	35	41.2	45.3	41.3
Confused or disoriented residents.	37	43.5	60.6	58.4
Residents with bed sores.	6	7.1	8.8	7.1
Residents receiving special skin care.	14	16.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAYERS MEMORIAL HOSPITAL - SNF

Street Address: HIGHWAY 299 - P O BOX 459		City and State: FALL RIVER MILLS CA 96028	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 48	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	Medicare Residents: 0	Medicaid Residents: 13
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	87.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	81.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	12	75.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	87.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	43.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	6.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	18.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	6	37.5	58.6	50.8
Residents requiring restraints.	9	56.3	45.3	41.3
Confused or disoriented residents.	3	18.8	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	1	6.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FALLBROOK CONV HOSP

Street Address:		City and State:	
325 POTTER STREET		FALLBROOK CA 92028	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	54	PROPRIETARY	03/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	96.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	94.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	90.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	47.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	36	67.9	58.6	50.8
Residents requiring restraints.	50	94.3	45.3	41.3
Confused or disoriented residents.	40	75.5	60.6	58.4
Residents with bed sores.	2	3.8	8.8	7.1
Residents receiving special skin care.	21	39.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FILLMORE CONVALESCENT CENTER

Street Address:		City and State:	
118 B ST		FILLMORE CA 93015	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	92	PROPRIETARY	01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
90	0	61			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	90	100	83.8	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	87	96.7	87.4	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	63	70.0	80.6	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	92.2	79.4	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	63	70.0	73.0	68.2	
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	25	27.8	42.9	37.7	
Completely bedfast residents.	0	0.0	3.8	3.4	
Residents confined to chairs.	16	17.8	58.6	50.8	
Residents requiring restraints.	40	44.4	45.3	41.3	
Confused or disoriented residents.	79	87.8	60.6	58.4	
Residents with bed sores.	8	8.9	8.8	7.1	
Residents receiving special skin care.	31	34.4	29.7	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOLSOM CONVALESCENT HOSPITAL

Street Address:		City and State:	
510 MILL ST		FOLSOM CA 95630	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
97	3	69	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	76.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	93.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	85.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	85.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	72.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	33.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	63	64.9	58.6	50.8
Residents requiring restraints.	8	8.2	45.3	41.3
Confused or disoriented residents.	60	61.9	60.6	58.4
Residents with bed sores.	5	5.2	8.8	7.1
Residents receiving special skin care.	22	22.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE WEST-CITRUS NURSING CENTER

Street Address:		City and State:	
9440 CITRUS AVE		FONTANA CA 92335	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
84	4	66	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	70.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	75.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	75.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	96.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	75.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	23.8	42.9	37.7
Completely bedfast residents.	5	6.0	3.8	3.4
Residents confined to chairs.	63	75.0	58.6	50.8
Residents requiring restraints.	32	38.1	45.3	41.3
Confused or disoriented residents.	2	2.4	60.6	58.4
Residents with bed sores.	8	9.5	8.8	7.1
Residents receiving special skin care.	17	20.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

CASA MARIA CONVALESCENT HOSPITAL

Street Address:		City and State:	
17933 SAN BERNARDINO AVE		FONTANA CA 92335	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	57	PROPRIETARY	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	96.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	70.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	70.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	87.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	7.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	59.6	42.9	37.7
Completely bedfast residents.	2	3.5	3.8	3.4
Residents confined to chairs.	39	68.4	58.6	50.8
Residents requiring restraints.	36	63.2	45.3	41.3
Confused or disoriented residents.	44	77.2	60.6	58.4
Residents with bed sores.	6	10.5	8.8	7.1
Residents receiving special skin care.	25	43.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

KAISER FOUNDATION HOSP, FONTANA, SNF

Street Address:		City and State:	
9961 SIERRA AVE		FONTANA CA 92335	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	30	NON-PROFIT PRIVATE	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
16	0	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	93.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	16	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	16	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	93.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	62.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	50.0	42.9	37.7
Completely bedfast residents.	5	31.3	3.8	3.4
Residents confined to chairs.	10	62.5	58.6	50.8
Residents requiring restraints.	2	12.5	45.3	41.3
Confused or disoriented residents.	2	12.5	60.6	58.4
Residents with bed sores.	3	18.8	8.8	7.1
Residents receiving special skin care.	4	25.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAUREL CONVALESCENT HOSPITAL

Street Address:		City and State:	
7509 N LAUREL AVE		FONTANA CA 92336	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	6	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	77.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	95.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	90.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	88.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	77.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	41.5	42.9	37.7
Completely bedfast residents.	6	6.4	3.8	3.4
Residents confined to chairs.	78	83.0	58.6	50.8
Residents requiring restraints.	45	47.9	45.3	41.3
Confused or disoriented residents.	47	50.0	60.6	58.4
Residents with bed sores.	20	21.3	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHERWOOD OAKS HEALTH CENTER

Street Address: 130 DANA STREET		City and State: FORT BRAGG CA 95437	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 79	Type of Ownership: PROPRIETARY	Survey Date: 03/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 30	Medicaid Residents: 40
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	38.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	62.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	62.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	62.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	62.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	9	11.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	88.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	30	38.0	60.6	58.4
Residents with bed sores.	40	50.6	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST LUKE MANOR

Street Address: 2321 NEWBURG RD		City and State: FORTUNA CA 95540	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 104	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	Medicare Residents: 4	Medicaid Residents: 58
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	96.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	99.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	84.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	88.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	58.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	32.4	42.9	37.7
Completely bedfast residents.	10	9.8	3.8	3.4
Residents confined to chairs.	72	70.6	58.6	50.8
Residents requiring restraints.	33	32.4	45.3	41.3
Confused or disoriented residents.	73	71.6	60.6	58.4
Residents with bed sores.	5	4.9	8.8	7.1
Residents receiving special skin care.	40	39.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOWLER CONVALESCENT HOSP

Street Address:		City and State:	
306 E TULARE STREET		FOWLER CA 93625	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	49	PROPRIETARY	05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
49	1	46	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	79.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	79.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	79.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	85.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	73.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	28.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	38	77.6	58.6	50.8
Residents requiring restraints.	31	63.3	45.3	41.3
Confused or disoriented residents.	37	75.5	60.6	58.4
Residents with bed sores.	3	6.1	8.8	7.1
Residents receiving special skin care.	10	20.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KINGS VISTA CONV HOSP

Street Address:		City and State:	
8448 E ADAMS AVE		FOWLER CA 93625	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	49	PROPRIETARY	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
49	0	46	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	85.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	85.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	24	49.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	2.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	6.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	49	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	4.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTWOOD REHAB CONV HOSP

Street Address: 2500 COUNTRY DRIVE		City and State: FREMONT CA 94536	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 126	Type of Ownership: PROPRIETARY	Survey Date: 01/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 59		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	98.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	93.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	98.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	89.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	37.3	42.9	37.7
Completely bedfast residents.	3	5.1	3.8	3.4
Residents confined to chairs.	21	35.6	58.6	50.8
Residents requiring restraints.	52	88.1	45.3	41.3
Confused or disoriented residents.	56	94.9	60.6	58.4
Residents with bed sores.	5	8.5	8.8	7.1
Residents receiving special skin care.	12	20.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Facility	MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FREMONT NURSING CENTER

Street Address:		City and State:	
2171 MOWRY AVE		FREMONT CA 94538	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	88	PROPRIETARY	08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
83	3	62	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	75.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	90.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	85.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	95.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	85.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	55.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	71	85.5	58.6	50.8
Residents requiring restraints.	34	41.0	45.3	41.3
Confused or disoriented residents.	55	66.3	60.6	58.4
Residents with bed sores.	2	2.4	8.8	7.1
Residents receiving special skin care.	21	25.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MISSION BLVD CONVALESCENT HOSP

Street Address: 38650 MISSION BLVD		City and State: FREMONT CA 94536	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 73	Type of Ownership: PROPRIETARY	Survey Date: 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	Medicare Residents: 1	Medicaid Residents: 68
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	95.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	59	81.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	66	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	91.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	77.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	56.9	42.9	37.7
Completely bedfast residents.	5	6.9	3.8	3.4
Residents confined to chairs.	55	76.4	58.6	50.8
Residents requiring restraints.	49	68.1	45.3	41.3
Confused or disoriented residents.	63	87.5	60.6	58.4
Residents with bed sores.	9	12.5	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK CENTRAL CONVALESCENT HOSPITAL

Street Address:		City and State:	
2100 PARKSIDE DR		FREMONT CA 94536	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	6	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	90.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	90.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	86.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	89.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	76.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	78.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	35	37.6	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	49	52.7	60.6	58.4
Residents with bed sores.	7	7.5	8.8	7.1
Residents receiving special skin care.	16	17.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET / NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKMONT CONV HOSP

Street Address:		City and State:	
2400 PARKSIDE DR		FREMONT CA 94536	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	85	PROPRIETARY	04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
84	1	52		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	85.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	89.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	72.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	84.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	45.2	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	67	79.8	58.6	50.8
Residents requiring restraints.	58	69.0	45.3	41.3
Confused or disoriented residents.	68	81.0	60.6	58.4
Residents with bed sores.	7	8.3	8.8	7.1
Residents receiving special skin care.	22	26.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTWOOD

Street Address:		City and State:	
4303 STEVENSON BLVD		FREMONT CA 94538	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	126	PROPRIETARY	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	0	118

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	3	2.5	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	13	10.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 2715 FRESNO STREET		City and State: FRESNO CA 93721	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 232	Type of Ownership: PROPRIETARY	Survey Date: 04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 221	Medicare Residents: 6	Medicaid Residents: 189		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	193	87.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	202	91.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	198	89.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	197	89.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	175	79.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	84	38.0	42.9	37.7
Completely bedfast residents.	4	1.8	3.8	3.4
Residents confined to chairs.	171	77.4	58.6	50.8
Residents requiring restraints.	82	37.1	45.3	41.3
Confused or disoriented residents.	195	88.2	60.6	58.4
Residents with bed sores.	7	3.2	8.8	7.1
Residents receiving special skin care.	48	21.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY PARK CONV HOSP

Street Address:		City and State:	
2020 NORTH WEBER AVENUE		FRESNO CA 93705	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	233	PROPRIETARY	12/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
3	1	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	3	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	3	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	66.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	100	42.9	37.7
Completely bedfast residents.	3	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	3	100	60.6	58.4
Residents with bed sores.	1	33.3	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

CALIFORNIA HOME FOR THE AGED INC

Street Address:		City and State:	
6720 E KINGS CANYON ROAD		FRESNO CA 93727	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	109	NON-PROFIT OTHER	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
99	1	59	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	81.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	96.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	90.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	80.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	72.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	40.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	58	58.6	58.6	50.8
Residents requiring restraints.	61	61.6	45.3	41.3
Confused or disoriented residents.	42	42.4	60.6	58.4
Residents with bed sores.	1	1.0	8.8	7.1
Residents receiving special skin care.	1	1.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRY VIEW CONV HOSP

Street Address:		City and State:	
925 N CORNELIA AVE		FRESNO CA 93706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	PROPRIETARY	01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
53	3	50			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		53	100	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		47	88.7	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		39	73.6	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		37	69.8	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		37	69.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.		2	3.8	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		29	54.7	42.9	37.7
Completely bedfast residents.		4	7.5	3.8	3.4
Residents confined to chairs.		35	66.0	58.6	50.8
Residents requiring restraints.		36	67.9	45.3	41.3
Confused or disoriented residents.		51	96.2	60.6	58.4
Residents with bed sores.		9	17.0	8.8	7.1
Residents receiving special skin care.		8	15.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRESNO CARE AND GUIDANCE CENTER

Street Address: 1715 SOUTH CEDAR AVE		City and State: FRESNO CA 93702	
Participation: MEDICAID SNF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	Medicare Residents: 0	Medicaid Residents: 5
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	47.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	47.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	47	47.5	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRESNO CONVALESCENT HOSPITAL

Street Address:

3003 N MARIPOSA STREET

City and State:

FRESNO CA 93703

Participation:

MEDICARE/MEDICAID SNF

of Beds:

116

Type of Ownership:

NON-PROFIT OTHER

Survey Date:

11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:

1

Medicare Residents:

0

Medicaid Residents:

0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

1	100	83.8	81.5
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Dressing

Residents requiring some or total assistance in dressing.

1	100	87.4	83.2
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Toileting

Residents requiring some or total assistance in toileting.

1	100	80.6	73.8
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Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

1	100	79.4	77.2
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Continence

Residents with catheters or partial or total loss of bowel or bladder control.

1	100	73.0	68.2
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Residents on individually written bowel and bladder retraining program.

0	0.0	2.7	4.6
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Eating

Residents receiving tube feedings or requiring assistance with eating.

1	100	42.9	37.7
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Completely bedfast residents.

1	100	3.8	3.4
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Residents confined to chairs.

0	0.0	58.6	50.8
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Residents requiring restraints.

0	0.0	45.3	41.3
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Confused or disoriented residents.

1	100	60.6	58.4
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Residents with bed sores.

0	0.0	8.8	7.1
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Residents receiving special skin care.

1	100	29.7	31.2
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SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST CONVALESCENT HOSPITAL

Street Address: 3672 N FIRST ST		City and State: FRESNO CA 93726	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 65	Type of Ownership: PROPRIETARY	Survey Date: 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	Medicare Residents: 2	Medicaid Residents: 46
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	62	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	59	95.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	95.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	95.2	73.0	68.2
 Residents on individually written bowel and bladder retraining program.	2	3.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	58.1	42.9	37.7
 Completely bedfast residents.	0	0.0	3.8	3.4
 Residents confined to chairs.	25	40.3	58.6	50.8
 Residents requiring restraints.	33	53.2	45.3	41.3
 Confused or disoriented residents.	31	50.0	60.6	58.4
 Residents with bed sores.	6	9.7	8.8	7.1
 Residents receiving special skin care.	7	11.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOPE MANOR

Street Address:		City and State:	
1665 M STREET		FRESNO CA 93721	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	155	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
121	34	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	85.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	81.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	85.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	66.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	39.7	42.9	37.7
Completely bedfast residents.	1	0.8	3.8	3.4
Residents confined to chairs.	111	91.7	58.6	50.8
Residents requiring restraints.	77	63.6	45.3	41.3
Confused or disoriented residents.	77	63.6	60.6	58.4
Residents with bed sores.	8	6.6	8.8	7.1
Residents receiving special skin care.	39	32.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

HY-LOND CONVALESCENT HOSPITAL

Street Address:		City and State:	
3408 E SHIELDS AVE		FRESNO CA 93726	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
118	5	75		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	94.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	80.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	85.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	78.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	37.3	42.9	37.7
Completely bedfast residents.	4	3.4	3.8	3.4
Residents confined to chairs.	85	72.0	58.6	50.8
Residents requiring restraints.	73	61.9	45.3	41.3
Confused or disoriented residents.	63	53.4	60.6	58.4
Residents with bed sores.	7	5.9	8.8	7.1
Residents receiving special skin care.	8	6.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HY-PANA CONV HOSP

Street Address:		City and State:	
3510 E SHIELDS AVE		FRESNO CA 93726	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	112	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
112	1	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	74.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	89.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	87.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	87.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	67.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	18.8	42.9	37.7
Completely bedfast residents.	1	0.9	3.8	3.4
Residents confined to chairs.	69	61.6	58.6	50.8
Residents requiring restraints.	71	63.4	45.3	41.3
Confused or disoriented residents.	82	73.2	60.6	58.4
Residents with bed sores.	4	3.6	8.8	7.1
Residents receiving special skin care.	21	18.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANNING GARDENS CONV HOSP

Street Address:		City and State:	
2113 E MANNING AVE		FRESNO CA 93725	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
57	0	51		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	86.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	89.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	87.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	93.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	89.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	43.9	42.9	37.7
Completely bedfast residents.	1	1.8	3.8	3.4
Residents confined to chairs.	43	75.4	58.6	50.8
Residents requiring restraints.	39	68.4	45.3	41.3
Confused or disoriented residents.	57	100	60.6	58.4
Residents with bed sores.	4	7.0	8.8	7.1
Residents receiving special skin care.	5	8.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NAZARETH HOUSE

Street Address:		City and State:	
2121 N FIRST ST		FRESNO CA 93703	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	39	NON-PROFIT RELIGIOUS	05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
38	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	86.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	81.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	81.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	81.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	5.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	34.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	18	47.4	58.6	50.8
Residents requiring restraints.	11	28.9	45.3	41.3
Confused or disoriented residents.	26	68.4	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	3	7.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PACIFIC GARDENS CONV HOSP

Street Address:		City and State:	
577 S PEACH AVE		FRESNO CA 93727	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	180	PROPRIETARY	05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
171	6	116		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	171	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	140	81.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	71.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	71.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	71.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	41.5	42.9	37.7
Completely bedfast residents.	1	0.6	3.8	3.4
Residents confined to chairs.	107	62.6	58.6	50.8
Residents requiring restraints.	100	58.5	45.3	41.3
Confused or disoriented residents.	117	68.4	60.6	58.4
Residents with bed sores.	10	5.8	8.8	7.1
Residents receiving special skin care.	16	9.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RAINTREE CONVALESCENT HOSPITAL

Street Address:		City and State:	
5265 E HUNTINGTON AVE		FRESNO CA 93727	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	49	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	89.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	93.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	81.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	79.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	60.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	25.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	39	81.3	58.6	50.8
Residents requiring restraints.	20	41.7	45.3	41.3
Confused or disoriented residents.	26	54.2	60.6	58.4
Residents with bed sores.	1	2.1	8.8	7.1
Residents receiving special skin care.	30	62.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SAN JOAQUIN GARDENS HEALTH FACILITY

Street Address:		City and State:	
5559 N FRESNO ST		FRESNO CA 93710	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	88	NON-PROFIT PRIVATE	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
84	0	22	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	63.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	83.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	83.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	83.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	79.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	23.8	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	37	44.0	58.6	50.8
Residents requiring restraints.	26	31.0	45.3	41.3
Confused or disoriented residents.	53	63.1	60.6	58.4
Residents with bed sores.	4	4.8	8.8	7.1
Residents receiving special skin care.	45	53.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SIERRA VIEW CONV HOSP

Street Address:		City and State:	
668 E BULLARD AVE		FRESNO CA 93710	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	NON-PROFIT PRIVATE	08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	1	100	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	1	100	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNYSIDE CONVALESCENT HOSPITAL

Street Address:		City and State:	
2939 S PEACH AVE		FRESNO CA 93725	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	116	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
112	0	112	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	92.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	94.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	73.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	88.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	79.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	11	9.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	68.8	42.9	37.7
Completely bedfast residents.	2	1.8	3.8	3.4
Residents confined to chairs.	80	71.4	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	104	92.9	60.6	58.4
Residents with bed sores.	4	3.6	8.8	7.1
Residents receiving special skin care.	9	8.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TWILIGHT HAVEN CONV HOSP

Street Address: 1717 S WINERY AVE		City and State: FRESNO CA 93727	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 43	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 27	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	88.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	81.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	86.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	76.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	9.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	30.2	42.9	37.7
Completely bedfast residents.	3	7.0	3.8	3.4
Residents confined to chairs.	12	27.9	58.6	50.8
Residents requiring restraints.	12	27.9	45.3	41.3
Confused or disoriented residents.	35	81.4	60.6	58.4
Residents with bed sores.	1	2.3	8.8	7.1
Residents receiving special skin care.	2	4.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY CARE GUIDANCE CTR

Street Address:		City and State:	
9919 S ELM AVE		FRESNO CA 93706	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	79	PROPRIETARY	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
79	0	78		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	93.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	75.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	5.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	10.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	3	3.8	45.3	41.3
Confused or disoriented residents.	79	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	6	7.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY CONVALESCENT CENTER

Street Address:		City and State:	
4840 E TULARE AVE		FRESNO CA 93727	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	95.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	86.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	86.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	73.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	49.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	81	82.7	58.6	50.8
Residents requiring restraints.	56	57.1	45.3	41.3
Confused or disoriented residents.	79	80.6	60.6	58.4
Residents with bed sores.	5	5.1	8.8	7.1
Residents receiving special skin care.	4	4.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY MEDICAL CENTER OF FRESNO

Street Address: 445 S CEDAR AVE		City and State: FRESNO CA 93702	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 417	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	Medicare Residents: 7	Medicaid Residents: 2		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	87.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	95.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	87.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	87.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	87.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	69.6	42.9	37.7
Completely bedfast residents.	1	4.3	3.8	3.4
Residents confined to chairs.	15	65.2	58.6	50.8
Residents requiring restraints.	12	52.2	45.3	41.3
Confused or disoriented residents.	5	21.7	60.6	58.4
Residents with bed sores.	6	26.1	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE WEST FULLERTON NURSING CENTER

Street Address:		City and State:	
2222 NO HARBOR BLVD		FULLERTON CA 92635	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	300	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
281	27	172			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		258	91.8	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		268	95.4	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		251	89.3	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		275	97.9	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		230	81.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.		6	2.1	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		125	44.5	42.9	37.7
Completely bedfast residents.		14	5.0	3.8	3.4
Residents confined to chairs.		182	64.8	58.6	50.8
Residents requiring restraints.		161	57.3	45.3	41.3
Confused or disoriented residents.		161	57.3	60.6	58.4
Residents with bed sores.		76	27.0	8.8	7.1
Residents receiving special skin care.		209	74.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRWAY CONVALESCENT CTR

Street Address: 2800 N HARBOR BLVD		City and State: FULLERTON CA 92635	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 2	Medicaid Residents: 37	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	93.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	50	86.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	86.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	70.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	53.4	42.9	37.7
Completely bedfast residents.	6	10.3	3.8	3.4
Residents confined to chairs.	45	77.6	58.6	50.8
Residents requiring restraints.	35	60.3	45.3	41.3
Confused or disoriented residents.	39	67.2	60.6	58.4
Residents with bed sores.	2	3.4	8.8	7.1
Residents receiving special skin care.	50	86.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNHAVEN CONV AND REHAB HOSP

Street Address:		City and State:	
201 E BASTANCHURY RD		FULLERTON CA 92635	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	PROPRIETARY	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
56	0	31	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	91.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	87.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	83.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	80.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	42.9	42.9	37.7
Completely bedfast residents.	3	5.4	3.8	3.4
Residents confined to chairs.	39	69.6	58.6	50.8
Residents requiring restraints.	38	67.9	45.3	41.3
Confused or disoriented residents.	34	60.7	60.6	58.4
Residents with bed sores.	8	14.3	8.8	7.1
Residents receiving special skin care.	56	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNY HILLS CONV HOSP

Street Address: 330 W BASTANCHURY RD		City and State: FULLERTON CA 92635	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 06/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
90		4		28	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		80	88.9	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		85	94.4	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		75	83.3	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	83.3	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		80	88.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.		1	1.1	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	30.0	42.9	37.7
Completely bedfast residents.		1	1.1	3.8	3.4
Residents confined to chairs.		84	93.3	58.6	50.8
Residents requiring restraints.		78	86.7	45.3	41.3
Confused or disoriented residents.		60	66.7	60.6	58.4
Residents with bed sores.		6	6.7	8.8	7.1
Residents receiving special skin care.		3	3.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILSHIRE CARE CTR

Street Address:		City and State:	
245 E WILSHIRE AVE		FULLERTON CA 92632	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	2	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	73.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	85.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	76.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	85.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	71.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	33.0	42.9	37.7
Completely bedfast residents.	3	3.2	3.8	3.4
Residents confined to chairs.	73	77.7	58.6	50.8
Residents requiring restraints.	73	77.7	45.3	41.3
Confused or disoriented residents.	35	37.2	60.6	58.4
Residents with bed sores.	7	7.4	8.8	7.1
Residents receiving special skin care.	13	13.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ROYAL OAKS CONVALESCENT HOSPITAL

Street Address:		City and State:	
144 F STREET		GALT CA 95632	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
99	2	83	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	60.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	92.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	92.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	92.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	69.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	63.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	55	55.6	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	62	62.6	60.6	58.4
Residents with bed sores.	1	1.0	8.8	7.1
Residents receiving special skin care.	20	20.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHAPMAN HARBOR SKILLED NURSING CTR

Street Address:		City and State:	
12232 CHAPMAN AVENUE		GARDEN GROVE CA 92640	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	78	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
77	4	56	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	92.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	80.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	80.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	66.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	29.9	42.9	37.7
Completely bedfast residents.	2	2.6	3.8	3.4
Residents confined to chairs.	37	48.1	58.6	50.8
Residents requiring restraints.	28	36.4	45.3	41.3
Confused or disoriented residents.	29	37.7	60.6	58.4
Residents with bed sores.	17	22.1	8.8	7.1
Residents receiving special skin care.	23	29.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDEN GROVE CONV HOSP

Street Address:		City and State:	
12882 SHACKELFORD LANE		GARDEN GROVE CA 92641	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
92	0	67	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	88.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	83.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	80.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	80.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	80.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	23.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	65	70.7	58.6	50.8
Residents requiring restraints.	29	31.5	45.3	41.3
Confused or disoriented residents.	53	57.6	60.6	58.4
Residents with bed sores.	14	15.2	8.8	7.1
Residents receiving special skin care.	14	15.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HASTER CONV HOSP

Street Address:		City and State:	
12681 HASTER STREET		GARDEN GROVE CA 92640	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	132	PROPRIETARY	05/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
128	9	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	128	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	93.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	84.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	87.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	64.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	35.9	42.9	37.7
Completely bedfast residents.	4	3.1	3.8	3.4
Residents confined to chairs.	71	55.5	58.6	50.8
Residents requiring restraints.	64	50.0	45.3	41.3
Confused or disoriented residents.	83	64.8	60.6	58.4
Residents with bed sores.	12	9.4	8.8	7.1
Residents receiving special skin care.	60	46.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ORANGEGROVE REHAB HOSP

Street Address:		City and State:	
12332 GARDEN GROVE BLVD		GARDEN GROVE CA 92643	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
87		6		35	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		81	93.1	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		85	97.7	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		83	95.4	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		85	97.7	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		60	69.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.		2	2.3	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		24	27.6	42.9	37.7
Completely bedfast residents.		5	5.7	3.8	3.4
Residents confined to chairs.		15	17.2	58.6	50.8
Residents requiring restraints.		8	9.2	45.3	41.3
Confused or disoriented residents.		10	11.5	60.6	58.4
Residents with bed sores.		7	8.0	8.8	7.1
Residents receiving special skin care.		16	18.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PACIFIC HAVEN CONV HOME

Street Address:		City and State:	
12072 TRASK AVE		GARDEN GROVE CA 92643	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	NON-PROFIT RELIGIOUS	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
94	4	68			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	92	97.9	83.8	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	92	97.9	87.4	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	89	94.7	80.6	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	81.9	79.4	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	91	96.8	73.0	68.2	
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	38	40.4	42.9	37.7	
Completely bedfast residents.	0	0.0	3.8	3.4	
Residents confined to chairs.	81	86.2	58.6	50.8	
Residents requiring restraints.	43	45.7	45.3	41.3	
Confused or disoriented residents.	57	60.6	60.6	58.4	
Residents with bed sores.	9	9.6	8.8	7.1	
Residents receiving special skin care.	18	19.1	29.7	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALM GROVE CONV CENTER

Street Address:		City and State:	
13075 BLACKBIRD ST		GARDEN GROVE CA 92643	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	129	PROPRIETARY	12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
125	10	79		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	59.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	79.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	77.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	74.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	71.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	43.2	42.9	37.7
Completely bedfast residents.	9	7.2	3.8	3.4
Residents confined to chairs.	42	33.6	58.6	50.8
Residents requiring restraints.	52	41.6	45.3	41.3
Confused or disoriented residents.	47	37.6	60.6	58.4
Residents with bed sores.	6	4.8	8.8	7.1
Residents receiving special skin care.	87	69.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AYER LAR SANITARIUM

Street Address:		City and State:	
16530 SOUTH BROADWAY		GARDENA CA 90248	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	50	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
46	0	46			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		39	84.8	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		39	84.8	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		39	84.8	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		39	84.8	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		41	89.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.		2	4.3	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	30.4	42.9	37.7
Completely bedfast residents.		7	15.2	3.8	3.4
Residents confined to chairs.		35	76.1	58.6	50.8
Residents requiring restraints.		29	63.0	45.3	41.3
Confused or disoriented residents.		16	34.8	60.6	58.4
Residents with bed sores.		3	6.5	8.8	7.1
Residents receiving special skin care.		8	17.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE WEST-ALONDRA NURSING CENTER

Street Address:		City and State:	
1140 W ROSECRANS BOULEVARD		GARDENA CA 90247	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
92	4	81		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	85.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	77.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	91.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	92.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	91.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	39.1	42.9	37.7
Completely bedfast residents.	2	2.2	3.8	3.4
Residents confined to chairs.	70	76.1	58.6	50.8
Residents requiring restraints.	70	76.1	45.3	41.3
Confused or disoriented residents.	75	81.5	60.6	58.4
Residents with bed sores.	10	10.9	8.8	7.1
Residents receiving special skin care.	19	20.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLEAR VIEW CONVALESCENT CENTER

Street Address:		City and State:	
15823 S WESTERN AVE		GARDENA CA 90247	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	99	PROPRIETARY	02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	81.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	96.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	68.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	55.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	79.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	35.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	3	3.2	58.6	50.8
Residents requiring restraints.	35	37.6	45.3	41.3
Confused or disoriented residents.	91	97.8	60.6	58.4
Residents with bed sores.	1	1.1	8.8	7.1
Residents receiving special skin care.	2	2.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLEAR VIEW SANITARIUM

Street Address:		City and State:	
15823 S WESTERN AVE		GARDENA CA 90247	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	73	PROPRIETARY	02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
72	0	38		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	72.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	70.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	38.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	33.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	41.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	9.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	3	4.2	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	71	98.6	60.6	58.4
Residents with bed sores.	2	2.8	8.8	7.1
Residents receiving special skin care.	4	5.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDENA CONVALESCENT CENTER

Street Address:		City and State:	
14819 S VERMONT AVENUE		GARDENA CA 90247	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	74	PROPRIETARY	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	10	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	64.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	65.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	65.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	77.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	61.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	65.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	48	71.6	58.6	50.8
Residents requiring restraints.	25	37.3	45.3	41.3
Confused or disoriented residents.	52	77.6	60.6	58.4
Residents with bed sores.	4	6.0	8.8	7.1
Residents receiving special skin care.	6	9.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LOS FLORES CONVALESCENT HOSPITAL

Street Address:		City and State:	
14165 PURCHE AVENUE		GARDENA CA 90249	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
95	5	66		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	97.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	97.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	91.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	91.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	91.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	45.3	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	63	66.3	58.6	50.8
Residents requiring restraints.	39	41.1	45.3	41.3
Confused or disoriented residents.	80	84.2	60.6	58.4
Residents with bed sores.	15	15.8	8.8	7.1
Residents receiving special skin care.	28	29.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SOUTH BAY KEIRO NURSING HOME

Street Address:		City and State:	
15115 S. VERMONT AVE		GARDENA, CA 90247	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	NON-PROFIT PRIVATE	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	97.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	82.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	85.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	90.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	77.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	49	50.5	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	55.7	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	69	71.1	58.6	50.8
Residents requiring restraints.	29	29.9	45.3	41.3
Confused or disoriented residents.	42	43.3	60.6	58.4
Residents with bed sores.	5	5.2	8.8	7.1
Residents receiving special skin care.	17	17.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DRIFTWOOD CONV HOSP

Street Address:		City and State:	
8170 MURRAY AVENUE		GILROY CA 95020	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	132	PROPRIETARY	02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
116	3	88		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	93.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	93.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	90.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	86.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	87.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	92	79.3	42.9	37.7
Completely bedfast residents.	1	0.9	3.8	3.4
Residents confined to chairs.	106	91.4	58.6	50.8
Residents requiring restraints.	89	76.7	45.3	41.3
Confused or disoriented residents.	89	76.7	60.6	58.4
Residents with bed sores.	2	1.7	8.8	7.1
Residents receiving special skin care.	2	1.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AUTUMN HILLS CONVALESCENT HOSPITAL

Street Address:		City and State:	
430 NORTH GLENDALE AVENUE		GLENDALE CA 91206	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	99	PROPRIETARY	05/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
86	9	40	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	83.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	83.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	81.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	80.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	89.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	32.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	71	82.6	58.6	50.8
Residents requiring restraints.	80	93.0	45.3	41.3
Confused or disoriented residents.	51	59.3	60.6	58.4
Residents with bed sores.	14	16.3	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR CONV HOSP OF GLENDALE

Street Address: 630 W BROADWAY		City and State: GLENDAL CA 91204	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 140	Type of Ownership: PROPRIETARY	Survey Date: 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	Medicare Residents: 2	Medicaid Residents: 81		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	96.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	87.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	87.9	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	87.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	87.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	50.5	42.9	37.7
Completely bedfast residents.	2	2.0	3.8	3.4
Residents confined to chairs.	85	85.9	58.6	50.8
Residents requiring restraints.	85	85.9	45.3	41.3
Confused or disoriented residents.	92	92.9	60.6	58.4
Residents with bed sores.	16	16.2	8.8	7.1
Residents receiving special skin care.	61	61.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROADWAY MANOR CONVALESCENT HOSPITAL

Street Address: 605 WEST BROADWAY		City and State: GLENDAL CA 91204	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 78	Type of Ownership: PROPRIETARY	Survey Date: 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	Medicare Residents: 5	Medicaid Residents: 21
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	98.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	91.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	91.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	50.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	34.7	42.9	37.7
Completely bedfast residents.	1	1.4	3.8	3.4
Residents confined to chairs.	65	90.3	58.6	50.8
Residents requiring restraints.	50	69.4	45.3	41.3
Confused or disoriented residents.	42	58.3	60.6	58.4
Residents with bed sores.	6	8.3	8.8	7.1
Residents receiving special skin care.	31	43.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

CAL HAVEN CONVALESCENT HOSPITAL

Street Address:		City and State:	
445 WEST BROADWAY		GLENDAL CA 91204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	35	PROPRIETARY	11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	2	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	78.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	84.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	97.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	90.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	84.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	81.8	42.9	37.7
Completely bedfast residents.	1	3.0	3.8	3.4
Residents confined to chairs.	1	3.0	58.6	50.8
Residents requiring restraints.	2	6.1	45.3	41.3
Confused or disoriented residents.	30	90.9	60.6	58.4
Residents with bed sores.	5	15.2	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHANDLER CONVALESCENT HOSPITAL

Street Address:		City and State:	
525 SOUTH CENTRAL AVENUE		GLENDAL CA 91204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	106	NON-PROFIT PRIVATE	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
101	6	79			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		93	92.1	83.8	81.5
Dressing					
Residents requiring some or total assistance in dressing.		93	92.1	87.4	83.2
Toileting					
Residents requiring some or total assistance in toileting.		92	91.1	80.6	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		93	92.1	79.4	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		94	93.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.7	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		43	42.6	42.9	37.7
Completely bedfast residents.		8	7.9	3.8	3.4
Residents confined to chairs.		64	63.4	58.6	50.8
Residents requiring restraints.		42	41.6	45.3	41.3
Confused or disoriented residents.		64	63.4	60.6	58.4
Residents with bed sores.		15	14.9	8.8	7.1
Residents receiving special skin care.		8	7.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DREIER'S SANITARIUM

Street Address:		City and State:	
1400 W GLENOAKS BOULEVARD		GLENDAL CA 91201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	59	NON-PROFIT OTHER	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
56	0	21	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	98.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	98.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	80.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	80.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	80.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	41.1	42.9	37.7
Completely bedfast residents.	3	5.4	3.8	3.4
Residents confined to chairs.	26	46.4	58.6	50.8
Residents requiring restraints.	43	76.8	45.3	41.3
Confused or disoriented residents.	24	42.9	60.6	58.4
Residents with bed sores.	6	10.7	8.8	7.1
Residents receiving special skin care.	26	46.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELMS CONV HOSP

Street Address:		City and State:	
212 W CHEVY CHASE DR		GLENDAL CA 91204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	52	PROPRIETARY	03/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	95.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	87.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	87.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	51.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	40.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	16	32.7	58.6	50.8
Residents requiring restraints.	29	59.2	45.3	41.3
Confused or disoriented residents.	21	42.9	60.6	58.4
Residents with bed sores.	2	4.1	8.8	7.1
Residents receiving special skin care.	4	8.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLENOAKS CONVALESCENT HOSPITAL

Street Address: 409 GLENOAKS BLVD		City and State: GLENDALE CA 91202	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	Medicare Residents: 4	Medicaid Residents: 71	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	96.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	92.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	92.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	81.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	57.4	42.9	37.7
Completely bedfast residents.	18	19.1	3.8	3.4
Residents confined to chairs.	69	73.4	58.6	50.8
Residents requiring restraints.	76	80.9	45.3	41.3
Confused or disoriented residents.	53	56.4	60.6	58.4
Residents with bed sores.	31	33.0	8.8	7.1
Residents receiving special skin care.	19	20.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LONG TERM CARE

Street Address:		City and State:	
1505 COLBY DRIVE		GLENDALE CA 91205	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	94	PROPRIETARY	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
77	3	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	96.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	88.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	92.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	51.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	76.6	42.9	37.7
Completely bedfast residents.	3	3.9	3.8	3.4
Residents confined to chairs.	65	84.4	58.6	50.8
Residents requiring restraints.	37	48.1	45.3	41.3
Confused or disoriented residents.	45	58.4	60.6	58.4
Residents with bed sores.	10	13.0	8.8	7.1
Residents receiving special skin care.	34	44.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEMORIAL HOSPITAL OF GLENDALE

Street Address:		City and State:	
1420 SOUTH CENTRAL AVE		GLENDAL CA 91204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	30	NON-PROFIT OTHER	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
19	15	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	94.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	18	94.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	18	94.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	94.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	89.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	73.7	42.9	37.7
Completely bedfast residents.	4	21.1	3.8	3.4
Residents confined to chairs.	12	63.2	58.6	50.8
Residents requiring restraints.	10	52.6	45.3	41.3
Confused or disoriented residents.	15	78.9	60.6	58.4
Residents with bed sores.	3	15.8	8.8	7.1
Residents receiving special skin care.	6	31.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERDALE CONVALESCENT HOSPITAL

Street Address:		City and State:	
201 ALLEN AVENUE		GLENDALE CA 91201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	94	PROPRIETARY	05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	3	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	60.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	85.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	81.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	83.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	60.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	50.0	42.9	37.7
Completely bedfast residents.	3	3.4	3.8	3.4
Residents confined to chairs.	37	42.0	58.6	50.8
Residents requiring restraints.	42	47.7	45.3	41.3
Confused or disoriented residents.	55	62.5	60.6	58.4
Residents with bed sores.	15	17.0	8.8	7.1
Residents receiving special skin care.	12	13.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROYALE OAKS CONVALESCENT HOSPITAL

Street Address:		City and State:	
250 N VERDUGO ROAD		GLENDALE CA 91206	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	136	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
121	2	109		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	120	99.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	43.0	42.9	37.7
Completely bedfast residents.	3	2.5	3.8	3.4
Residents confined to chairs.	114	94.2	58.6	50.8
Residents requiring restraints.	12	9.9	45.3	41.3
Confused or disoriented residents.	54	44.6	60.6	58.4
Residents with bed sores.	12	9.9	8.8	7.1
Residents receiving special skin care.	2	1.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TROPICO CONVALESCENT HOSPITAL

Street Address:		City and State:	
130 WEST LOS FELIZ BOULEVARD		GLENDAL CA 91204	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	56	PROPRIETARY	06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	3	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	11.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	81.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	86.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	88.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	81.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	54.7	42.9	37.7
Completely bedfast residents.	8	15.1	3.8	3.4
Residents confined to chairs.	38	71.7	58.6	50.8
Residents requiring restraints.	29	54.7	45.3	41.3
Confused or disoriented residents.	28	52.8	60.6	58.4
Residents with bed sores.	6	11.3	8.8	7.1
Residents receiving special skin care.	10	18.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINDSOR MANOR

Street Address:		City and State:	
1230 E WINDSOR ROAD		GLENDAL CA 91205	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	28	NON-PROFIT RELIGIOUS	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
27	0	4	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	92.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	88.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	92.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	29.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	9	33.3	58.6	50.8
Residents requiring restraints.	16	59.3	45.3	41.3
Confused or disoriented residents.	21	77.8	60.6	58.4
Residents with bed sores.	1	3.7	8.8	7.1
Residents receiving special skin care.	1	3.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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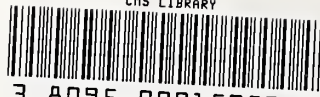
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